

THE AMERICAN JOURNAL OF NURSING

VOL. XX

DECEMBER, 1919

No. 3

EDITORIAL COMMENT

A CHRISTMAS GREETING

Christmas greetings to all our readers far and near! The year has brought us much for which to be thankful, and given us cause for great rejoicing from the fact that thousands of our nurses serving at home and overseas have been safely returned to their homes, and the few remaining in foreign countries are doing so voluntarily, or may hope to be relieved in the very near future.

While experiences of the war have not as yet brought to the whole nursing body that recognition which we had a right to expect, it has given to thousands of our members a new experience, an opportunity for a very satisfying kind of service and, with all of the hardships, an opportunity to see new countries, which has been interesting even under the conditions of war.

The Christmas season is ours to devote in a very personal way to our friends, with the usual gifts and interchange of cordial messages. The new year opens with new obligations which we must be prepared to meet in a liberal spirit. A lasting memorial to our dead in France, for the maintenance there of what is known as the Nightingale system of training, to this devastated and war stricken country, is a matter directly before us and if to this, each gives a small amount, it will help to develop quickly the fund that is necessary for this work.

If France had had such a nursing system as exists in England and in this country, our nurses would not have had to be sent over there by thousands, and there would not be to-day those one hundred and one lonely graves in a foreign land. Let us make their sacrifice a lasting benefit to the country which they served.

ALICE FITZGERALD GIVEN AN IMPORTANT POSITION

The Red Cross has announced the appointment of Alice Fitzgerald as Chief Nurse of the American Red Cross Commission for Europe, as Chief Nurse of the League of Red Cross Societies. It will be

remembered that Miss Fitzgerald was sent overseas to serve with the British Expeditionary Forces as an Edith Cavell Memorial Nurse.

She is a graduate of the Johns Hopkins Training School for Nurses, of Baltimore; she was at one time connected with the school at Bellevue; she was superintendent of the City Hospital of Wilkes Barre. Following her service as the Edith Cavell Nurse, she assumed charge of all the Red Cross nurses in the *Service de Santé* of the French Government which supplied teams of one graduate nurse and one nurse's aide to go into all the French hospitals where American troops were received. While holding this position she made over one hundred supervisory trips.

Her appointment as chief nurse of the American Red Cross Commission for Europe was made in May, 1919. Miss Fitzgerald, during her service, has been decorated by the Italian government for distinguished service. She was also decorated with the British Royal Red Cross at Buckingham Palace in June, 1919, for her services with the British Expeditionary Forces.

In the plans for the international reorganization of the Red Cross, the nursing department is acknowledged to be one of the most important. Miss Fitzgerald is especially qualified professionally for these new duties, and has the advantage of speaking a number of foreign languages so fluently that she will be able to grasp the nursing problems in a number of foreign countries without the aid of interpreters.

NURSES JOINING LABOR UNIONS

Miss Dock, editor of the Foreign Department, has given briefly an outline of the movement among British nurses who are affiliating with the Labor Party. Reports have reached this office of similar action on the part of some of our members, both in San Francisco and Chicago. At a time of such general disturbances the world over in economic conditions, we do not feel inclined to take an attitude of opposition to such a movement, but it seems a great contradiction to our professional ideals for our nurses to identify themselves with the labor party in this country.

Conditions with us are not the same as they are in England. We are free to organize in our own way. We have accomplished much in the uplift of nursing through such organizations. Nurses can fix their own prices, and they have always done so, through their alumnae organizations; at the present time we cannot see in just what way affiliation with labor unions will benefit us.

We understand that dissatisfaction with conditions which the English nurses had to endure during the war is largely responsible

for the movement there, and the seeming lack of proper appreciation of our own government for the kind of service our women have rendered during this war, makes one feel less critical of whatever action nurses may take. It seems, however, most deplorable to place the work of the nurse, which is the care of the sick, alleviation of suffering, the protection of little children, in the same category as the making of shirt-waists, or the manufacture of shoes. In a profession, the worker is pledged to consider the welfare of those being served, before his own selfish interests.

Until the country becomes readjusted to a more normal condition, our advice to nurses everywhere is to go quietly on about their business, and keep steady. We cannot tell just what the future is to bring until the question of Health Insurance is threshed out, and until the movement of the Social Unit Organization has been more fully tried. We must do our part in this work of readjustment, but we must remember that through it all, the sick and the dying must be cared for, and the most important part of public health work rests in our hands.

PROGRESS OF STATE REGISTRATION

Illinois: Copies of the new Illinois bill, which became a law the latter part of June, have only recently reached this office. This new bill is a compromise with certain members of the medical profession who were opposed to the former law. In some ways, however, the nurses were able through the Department of Registration and Education to make very definite improvements in this new bill.

The original law contained no preliminary educational requirement. The new bill contains a minimum standard of preliminary education of one year of high school. We understand that practically none of the good schools in the State accept as low a preliminary standard as one year of high school. Another point in which the nurses won out was in the requirement that no nurses could be registered unless they were twenty-two years of age. They lost in the length of the course being reduced from three years to two, but here again, the schools are perfectly free to fix the length of training as much above the law requirement as they choose, and many are continuing on the three-year basis. The opposition failed in its efforts to register nurses at twenty years, to have a shorter course than two years, and to obtain two grades of nurses.

It will be noticed that this bill does not state what the personnel shall be of the board of examiners. This is a matter which seems to be left in the hands of the Department of Registration and Education of the State, and at the present time there is a committee of nurses, as formerly, which has been appointed to conduct examinations.

HOW SHALL WE ADVERTISE?

We have been advocating through our pages more liberal advertising as a means of obtaining desirable pupils in the training schools. We know from letters which come into this office, that the attention of many well qualified young women is being turned toward our profession through advertisements, and by the liberal distribution of nursing literature.

That there are always those who take advantage of a suggestion in an undesirable way, we know, but it was something of a shock to see an advertisement in one of the most influential newspapers of the country, for young women to enter a training school for nurses, with this engaging sentence: "This is a splendid chance for those now engaged in domestic service or office work to improve their position in life."

What the nursing profession needs to-day is women of a higher education. While there may be an occasional exception, women engaged in domestic service, important as it is, have not had, on general principles, the amount of preliminary education necessary for the modern nurse. Of course, there are training schools and training schools, but we think it is a pity to offer nursing as an inducement to improve her position to a type of woman who is not educationally qualified to meet the requirements of the very best in the nursing field.

Let it be known all over the country that candidates for nursing schools must be educated women, in order to measure up to the demands that are being made upon the nurse of to-day. There are many women in business and clerical positions who are qualified educationally for admission to our best training schools, but we wonder if the advertisement we refer to would impress them as offering improvement in their positions.

We approve of training schools advertising, stating quite plainly what they have to offer in the way of nurse education, but making it plain that the kind of young woman needed in the nursing field to-day is one who has had substantial educational advantages, in addition to the background of good home training.

AN ADVANCE OF SUBSCRIPTION PRICE

We regret exceedingly having to close the year of 1919 with the announcement of an increase in the JOURNAL subscription price. Having carried the magazine through the war, having been able to meet the increased cost of paper, the government zone regulation, and increased wage of our office workers and the printing staff, we had

supposed that with the signing of the Armistice, cost of manufacture would decrease, and that we could have continued at the same price to our subscribers that we have been able to maintain since the JOURNAL came into existence. But in order to meet the last increase in the cost of printing, which is now universal over the country, and fulfill our obligations, we are obliged to ask each of our subscribers to pay four and one-sixth cents additional for each magazine, or an advance of fifty cents a year in the subscription price. This means that those associations that have been subscribing to the JOURNAL with the payment of their alumnae dues for \$1.50, will for the coming year pay \$2.00; that the clubs of twenty new names, the former price for which was \$1.75, will now pay \$2.25; and individual subscribers will each send us \$2.50, with fifty cents additional for foreign postage, which includes Canada.

The JOURNAL has never been more popular than it is at the present time with the nurses of the country. Its subscription list steadily increases, the volume of material for publication is far in excess of what we are able to use, although we are always in need of papers descriptive of the new methods and ideas in nursing. A very important part of the JOURNAL's revenue is derived from our advertising, and the members of the American Nurses' Association, every one of whom is equally an owner of the magazine with every other member, can help very materially in keeping its cost on a reasonable basis by patronizing those firms that advertise in our pages. In other words, it is good business to help promote the JOURNAL's financial success, because it means a bigger and a better magazine.

During the month of December, individual subscriptions will be received at the old rates. No new organization subscriptions will be accepted for less than \$2.00. There are a larger number of expirations in the month of December than at any other time, and such subscribers are advised to send their renewals before the end of the month in order to have the advantage of the old rate.

HOW TO REMIT MONEY TO THE MEMORIAL FUND

It has been decided, because of the amount of bookkeeping involved in receiving, banking and forwarding contributions to the Memorial Fund, that THE AMERICAN JOURNAL OF NURSING shall act as treasurer. All checks and money orders should be made payable to THE AMERICAN JOURNAL OF NURSING, and sent to 19 West Main Street, Rochester, N. Y., accompanied by a letter of instruction stating that it is for the Memorial Fund, by whom the money is sent, whether to be credited to the sender, to an organization, or to some other person. A specially prepared receipt will be immediately mailed to that

person from the JOURNAL office, and acknowledgments will also be made through the pages of the JOURNAL.

Some of our contributors are making checks payable to the editor-in-chief or the assistant editor, not knowing just how the JOURNAL is responsible for this work. While checks made out in this personal way are taken care of in the same manner, it is just as safe to use the name THE AMERICAN JOURNAL OF NURSING for checks or money orders. All such checks have to be properly endorsed. The money is being held as a special account in our regular bank, and will not be transferred until instruction has been received from the committee having the matter in charge. The name "The Memorial Fund" seems to have been adopted by common consent.

RANK FOR NURSES

Now that General Pershing has taken his stand with the nurses in contending that rank is essential to the enforcement of authority and that there is a vast difference between giving an order and having it carried out, and now that the American Legion at its National Convention in Minneapolis has unanimously endorsed Rank for Nurses, it should not be difficult for State Committees on Rank to bring their hitherto unpersuaded and unpledged Congressmen around.

OUR OLD-YOUNG MEMBER

As our frontispiece in this Christmas number of the JOURNAL, we are giving our readers a recent picture of our old-young member in organization life,—Mary E. P. Davis. Twenty years ago, at this time, Miss Davis, as chairman of the Committee to establish a nursing journal for our national association, was busy interviewing publishers, and building up a prospective subscription list. That the JOURNAL was on a sound financial basis when it was started, is due to her efforts more than to those of any other person.

She is to-day just as busy. During the war she acted as an examiner of Red Cross classes and for the past three years she has been corresponding secretary of the Massachusetts State Association, which is not an honorary position, but one requiring a great deal of work. Miss Davis performs these duties with the vigor and interest of a youthful person and makes her way in and out of Boston in all kinds of weather and without being puzzled by the mazes of the subway system. She is an inspiration and a delight, as she has always been, and we hope the JOURNAL's twentieth year will find her still occupying her post of usefulness and honor.

NURSING AND THE ART OF MEDICINE¹

BY W. S. THAYER, M.D., HON. F.R.C.P.I.

Late Brigadier General, M.C., U. S. A.

It is not as one filled with affectionate remembrance and stirred by the inspiration of direct association with a large figure in the medical world, that I am here this evening. It was not my good fortune to work personally with Miss Delano. Indeed, we met but once, and then quite incidentally, at a gathering of the Committee of the Council of National Defense, but the memory of a fine, strong, earnest face remains.

It is rather as a sincere witness to the value of that which she represented,—of that to which she gave her life; of the influence which the nurse, as exemplified by Miss Delano, exercises on the practice of medicine and on the public; of what the nurses whom she and her friends helped to select, have done in this war, that I am now before you.

Miss Delano's life was given largely to the education of the trained nurse. She and the colleagues with whom she so wisely surrounded herself during the last several years of her life, represented a group of women who are to-day the right arm of the medical profession, that branch of the medical profession (and I use the word advisedly, for a trained nurse is a member of the medical profession in its broadest sense),—on which depends the practice of some of the most vital parts of our art.

From all time woman has stood by the bedside of the sick and the wounded. Why? Because her sphere has been at home while man has been called to the strife and the driving activities of life abroad? In part, perhaps, but that is not all. The prime reason has been that woman has done this task better. She has always done it better and, I venture to say, she will always do it better.

The discoveries which are giving to the practice of medicine a surer scientific basis, are teaching us at the same time how essential is that which we call the "nursing" of the patient. The perfection of our methods of nursing has been one of the greatest advances of the last hundred years of medicine. The surgeon must still bandage and dress his wounds, and the physician *should* still be able to bathe and dress, to massage, manipulate and care personally for his patient, but much of this he can never do so well as does an experienced woman. Moreover, in daily life his functions carry him from house to house,

¹ Read at a meeting in memory of Jane A. Delano, in Philadelphia, May 7, 1919.

and limit the moments he can spend at the bedside. The patient, if he is to receive the attention that he requires, must be watched and cared for by one who is efficient and experienced, understanding and coöperative. True efficiency in the care of the patient at the bedside is to be learned only by experience and by practice. Love alone cannot supply it; gold alone cannot buy it.

Understanding can be acquired only by instruction, study and well directed observation; coöperation, only through a thorough realization that the practice of nursing is an integral part of the practice of medicine, as inseparable from the art of practice as are diagnosis and prognosis and advice. Generally it is the most important element of treatment.

Medical practice becomes daily more complicated, for disorders of the human mind and body are not simple things, and as we know more we are finding ever more ways in which we may be of service.

Our methods of diagnosis are more numerous and more time-taking; and the gain may not always be apparent; but we cannot neglect them for we know how many lives are saved by the early detection of disease and the initiation of proper prophylactic measures. And then the details of the care of patients are much more complicated than they were, for we have come to know that by these procedures we save life and invalidism and mental and physical anguish.

* Beyond a few specific measures, such as the employment of the antitoxin for diphtheria, the treatment of myxoedema, and prophylactic vaccination against typhoid fever, the greatest advance in the practice of medicine in the past century has been the development and standardization of the art of nursing, toward which such noble work has been done by the group of women among whom Miss Delano was a leader.

The contribution of the trained nurse to the art of medicine is difficult to overestimate. The sympathetic touch, the dexterous hand, the gentle presence of woman, that is much, yet that is not new. But to have always in the sick-room, one taught to observe and record accurately; one educated and practised in the methods of antisepsis and asepsis; one who has, through supervised practice, proved herself an adept in the art of attending to the wants and comforts of the invalid, with the least disturbance and inconvenience, and the least exhaustion to him; one who is familiar with all ordinary medical and surgical appliances and procedures and mechanical methods of treatment; one who has, as a result of years of experience in a well planned course, acquired a real knowledge of the significance of symptoms; one on whose moral character and influence one may

depend as surely as is possible in the case of the woman who passed under the supervision of the leaders of nursing in this country,—these are incalculable gains. The physician or the surgeon who knows what the trained nurse means to the practice of medicine feels helpless without her. Her functions are wholly complementary to his. Without the nurse, the proper practice of the art of therapy is inconceivable.

The profession of nursing is laborious and wearing. It demands health and youth and strength. The years of practical activity of a nurse are relatively few. But to be a trained nurse demands more than mere bodily strength. It demands intelligence and education well above the ordinary, and stability and strength of character. Relatively few women are adapted to the career of a trained nurse.

The relations between nurse and patient are such as often to be fraught with obvious danger. It is the inestimable contribution of that fine body of women who, in England and America especially, constitute and have constituted the superintendents of our well organized training schools, to have demonstrated that, under women of character and ideals, the selection and education of nurses may be so organized, so standardized, that these dangers are reduced to an almost negligible minimum.

Only tried women are suitable to go out into nursing and especially into army nursing. No better proof of this can be found than the prejudice which existed in 1898 among many excellent medical officers of the army, against the introduction of the trained nurse regularly into the army service. These officers could not conceive the presence of attractive young women among the somewhat rough boys of the army without complications and scandal. This prejudice still persisted among some army officers after twenty years. No more brilliant vindication of the character of the trained nurse could be imagined than the universal chorus of tribute of to-day, tribute not only to the courage, the loyalty, the efficiency of the work of the army nurse in America and France, but to the uplifting, stimulating, refining influence that these women exercised upon officers and men.

Silly, idle, unhealthy-minded, careless-tongued busybodies will start gossip which readily spreads, and such rumors have been spread about the nurses in France, among others. Let me beg of you one thing,—if any such rumors reach you, and you desire an answer, ask the "doughboy" who has passed weary hours in an army hospital, but unless you wish to stage a tragedy, don't tell him who told you!

I remember well the conditions of the Spanish War. I remember the fine work done by nurses; but I remember also the difficulties, the anxieties and the obstacles in the way of those who endeavored to

maintain the standards of the service, and to show to the medical corps what nursing in the army might and should be.

Twenty years later, in considerable measure through the efforts of Miss Delano, the beginning of the present war found an army nursing corps well established, and a Red Cross Reserve, gathered under her supervision, to which fell the main burden of the nursing in France and in America. Thirty-five thousand nurses were enrolled in the Red Cross. Nearly eleven thousand regular and reserve nurses served in France alone. The anxieties and the danger of the voyage these women bore as calmly, and often more so, than the men. To their work in France I can testify as one who was among them. I saw them under all conditions. In the hurriedly improvised camp hospital of the crowded base port, and in isolated points in the base sections; in spots removed from all that was interesting and stimulating, where, at times, refined women had to sleep crowded together, twenty or thirty in a rough, open ward, without privacy, with the crudest and most insufficient sanitary arrangements, exposed continually in damp, rainy weather, with mud so deep that one could navigate only in rubber boots. I saw them in half-finished base hospitals in the Vosges, under like conditions, in the bitter northern winter, where with fingers and toes numb and blanched with cold, one nurse had almost to care for a whole ill-heated ward. I saw them work day in and day out without rest, without recreation, in the darkened wards by night, and the fog and rain by day, and bear the strain every bit as well as men. I saw them in field hospitals behind the lines, in areas not infrequently bombed at night and sometimes by day. I saw them go to the front for service in evacuation or field hospitals, as members of teams formed for the care of the wounded suffering from shock, at points shelled by day and bombed by night; in dugouts when off duty but exposed to all the dangers of war when at work. They served without fear, without flinching, without complaint. But one murmur did I hear, and this a murmur and not a complaint, a regret that it might not be given to them to share more fully the duties and the responsibilities at the points of greatest danger. Wherever they went they brought order and cleanliness, and system and contentment and peace. Ask the "doughboy" what it meant to him to find himself at last in a ward presided over by a nurse. Try to say a light word about a nurse to a "doughboy" who has been under her care!

Several instances may illustrate the influence and efficiency of the nursing service in France. Not infrequently it fell to me to visit a certain field hospital, temporarily immobilized, about eight miles behind the lines, in a region not infrequently bombed by aviators. It was a sorry looking place. In old, dingy barracks, with little iron

French cots, and a sadly insufficient personnel—for it was never possible for the medical corps to obtain its full equipment—lay boys with coughs and colds, and bronchitis, and pneumonia, and occasionally the gassed; and in other wards were cases of meningitis and diphtheria, with only untrained orderlies to look after them. Alas, order and cleanliness were impossible to obtain with all the struggles of the medical officers. Then one day, on another visit, I stepped into the same wards to find everything changed, the floors clean, the bed clothes in order, the patients looking rested and happy,—it was almost a miracle. A few army nurses had arrived upon the scene and straightway everything was transformed.

Some weeks later, the division surgeon, a fine medical officer of the old order, said to me: "Colonel Thayer, all my life I have opposed the introduction of nurses into the army, but I want to tell you that my experience of the last few weeks has entirely changed my opinion, and if I can succeed in arranging it, I propose never to be without them again." A few days after that, I met the surgeon of the division which was moving into that sector, and asked him as I left the office if there were any way in which I could assist him. He replied immediately: "Indeed you can, if your influence is of any value in keeping the nurses in field hospital No. X. Col. Y. tells me that he is going to take them with him, and unless I can get a new group it will be simply impossible properly to carry on the work."

What the nurse was to the wounded and ill officers and men individually, it would be difficult to express. This was shown in their letters to those at home. It fell to the officers to censor the letters of the patients; and with unfailing regularity, by the time the second or third letter home was written, there were expressions of touching and undying gratitude to the nurses. For these nurses and for the other American women working with the Red Cross and like societies, there was nothing that the convalescent soldier would not do.

One more touching incident,—one of my friends stopped one day by the bedside of a severely wounded man who was just beginning to turn the scale toward recovery. As the patient looked up at the surgeon he said: "You know, Colonel, the first thing I knew, the first thing I saw when I opened my eyes, was a nurse in a white apron bending over the bed; and then, you know, I just knew it was all right, and I shut my eyes again and went to sleep." He "just knew it was all right"—and so it was, wherever they were, God bless them!

To the cause of the sound education of the nurse, and the extension of her sphere of activity in relation not only to hospitals and to private practice, but to the broader fields of public hygiene and sanitary instruction, Miss Delano gave much of her life.

She lived to see nursing generally recognized as an indispensable complement to the practice of medicine, as it must one day be recognized as an integral part of the art of therapy; she lived to see the trained nurse universally regarded and employed as a vital agent in measures of public sanitation throughout the civilized world.

To the affiliation and coördination of the important nursing agencies of the country, to the end that under the American Red Cross there might be established a force of nurses properly selected and organized, adequate not only for the demands of peace, but for the emergencies of war, she gave the latter years of her life. It was work well done.

She lived to see the standards of nursing for which she stood, recognized by the government. She lived to see the nursing agencies of America united and coöperating with the Army and the Red Cross. She lived to know that the Red Cross was ready, and to realize that it had given to the army a contingent second to none in the service, in character, in morale, in organization, and in efficiency. She lived to see that the American Army Nurse had stood the test. She gave her life freely and unreservedly to a noble service. She accomplished that which she undertook. She died at the height of her powers, at work.

She was a fine figure, the figure of an American Nurse.

NURSES' HOME OF THE PHILADELPHIA GENERAL HOSPITAL

BY LORETTA ROBINSON

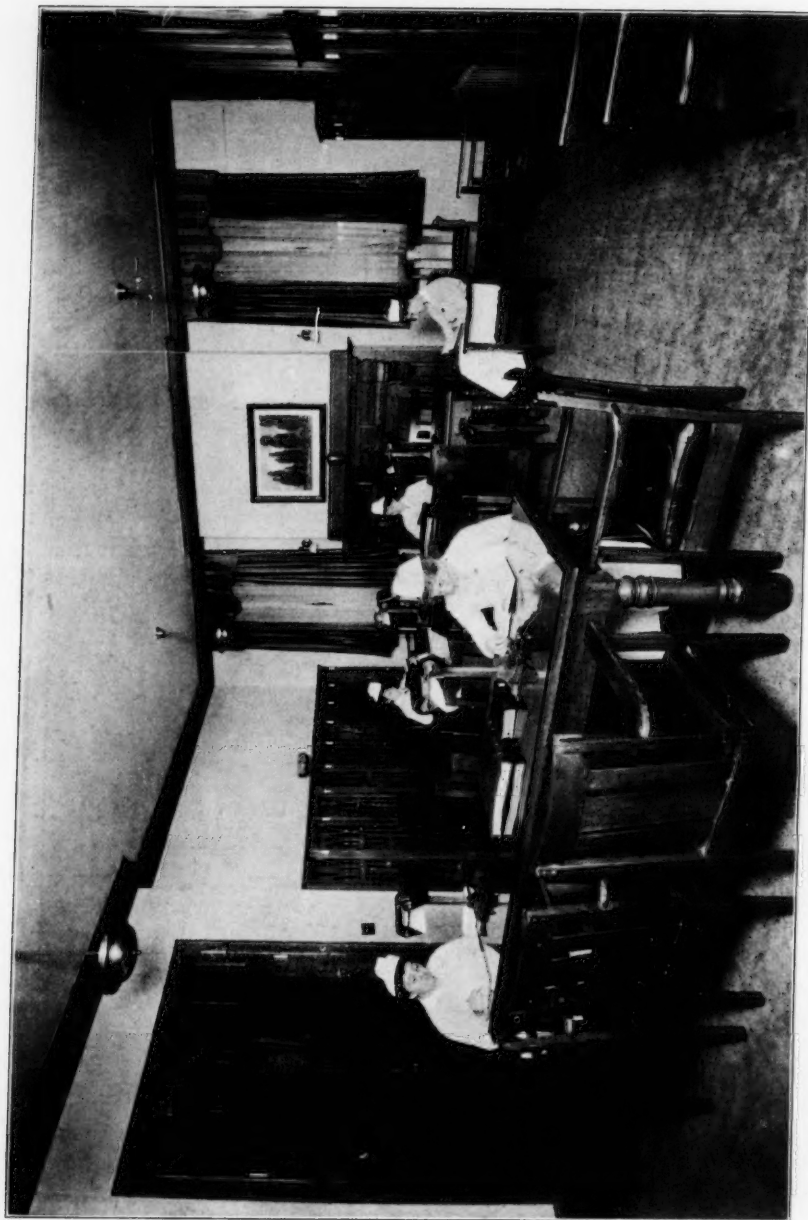
Student Nurse

Six months' occupation of the enlarged Nurses' Home of the Philadelphia General Hospital has shown its adequacy in furnishing a home and a school for over three hundred nurses without allowing either office to conflict with the other. As a home it has met the psychological, social and practical needs of the nurses, and as a school it has proved to be ideally constructed and equipped for instruction and demonstration. It is decidedly unique in the emphasis placed on education, since one of the five stories of the new home is devoted entirely to that use. This fact must be noted as a stride in the direction of higher standards of nursing education, which demand that a student nurse must be really a student, and not merely an apprentice at a trade.

The new home, completed in December, 1918, is like the old, to which it is joined, in exterior architecture and material, and is so



Porch of Nurses' Home, Philadelphia General Hospital.



Library in Nurses' Home, Philadelphia General Hospital.

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placed that another and similar addition may be made when further expansion becomes necessary. It is of red pressed brick, decorated with terra cotta and wrought iron in the unpretentious entrance, the spacious side porch, the fire escape, the ornamental cornice and window. There are five stories and a basement, with two elevators (freight and passenger) and two stair-cases. The heating is by direct steam, the lighting by the indirect method. The hall and bathroom floors throughout are of terrazzo and the walls are flat gray in two tones. The wood work and furniture are of quartered white oak, dull finish. The stair treads are of marble, and the banisters are wrought iron with oak railing.

The first floor contains the reference library room, the instructor's office, the laboratory, the demonstration room, the superintendent's suite, a lavatory, a hopper room, a cloak room, and two class rooms, seating 150 and 175, respectively. A larger one adjoining, but in the old home, seats 250. The hall is furnished with settees and chairs of a graceful design, with cane backs and leather seats, a console table holding a piece of blue pottery, a drinking fountain, and, at the rear against the double windows, a four-foot plaster cast of the Winged Victory, on a pedestal. The hangings at these windows are of soft blue and silver tapestry over curtains of ecru. The whole effect is pleasing in its grace and dignity.

The reference library (22½ by 35) is, in the opinion of many, the most attractive room in the home, though its value is by no means entirely in its beauty. Blue and silver hangings, gray rugs and walls soften the usual severity of the library furniture, which consists of three glass-covered tables (8 ft. by 32 in.), about three dozen leather-seated arm chairs, and 260 feet of book case, built to fit the wall spaces. They are of rather unusual design, with leaded glass doors. Each table contains two double reading lamps of brass with green glass shades. Over the brick open fireplace with its andirons and grate utensils of iron, hangs a steel engraving of great strength and beauty, "Stumme Wacht."

Great care has been taken in the selection of the text books for the reference library. Many, which have been ordered for more than a year, have not yet been delivered, but will doubtless be available soon. Between \$250.00 and \$300.00 will be spent each year on additions to the library.

The laboratory may be called, without undue pride or exaggeration, a model one. It is 51½ ft. by 14½ ft., with abundant light on one side and three roomy supply and storage closets on the other. It is furnished with thirty-two tables (26 by 26) with white opal glass tops, swinging seats, individual drawers and cupboards, gas fixtures

for Bunsen burners, and a sink with hot and cold running water for each two tables. Equipment is on hand for the study of domestic chemistry and chemistry of foods, urinalysis and bacteriology, sufficient in number for thirty-two students, though no more than twenty are taught in one class.

Of most certain practical value is the demonstration room or model ward, where the probationers are instructed in nursing technique, with complete and ideal equipment. The room is 27½ ft. by 20 ft., furnished with six hospital beds, chairs, tables and chart-racks, a medicine cabinet, a nurse's desk and chair, a rocking chair and stool, and a rolling chair. At one end, though properly not a part of the ward, are an infant's crib, a child's crib and four small model beds for demonstrating the technique of an ether bed, a hot pack, a croup tent and a typhoid screen. A life sized Chase doll with cavities is the patient for instruction in general procedure and a small one is for lessons in the care of infants. Opening on this ward are a bath room and a linen and supply closet, which contain the best available materials and utensils for every procedure in general nursing. The effect of such instruction with perfect equipment has been the subject of much dispute, on the grounds that the same material is not available in the wards and that the technique taught is largely wasted. In such a class room and with such materials the pupils may form ideals and standards of workmanship and efficiency toward which they may strive and which they may apply whenever conditions permit.

One teaches art by exhibiting the world's finest paintings and sculpture; music by executing the masterpieces of harmony; literature by following the word pictures and thought processes of the classics of literature. In nursing, no less than in other studies, we should have as standards the nearest approach to perfection possible. It is the aim of the administration to supply throughout the hospital such materials as are used in the class room, and though this is necessarily a gradual process, the pupil nurse will be prepared for it when it is completed. Materials for the most common procedures, such as toilet, mouth wash, feeding, etc., are on hand in such numbers that the students may practice on each other. Other materials are in sufficient quantities to set up the following trays: Toilet tray; mouth wash tray; thermometer tray; tray for simple enema; tray for retained enema; cupping tray; catheterization tray; poultice outfit; miscellaneous equipment.

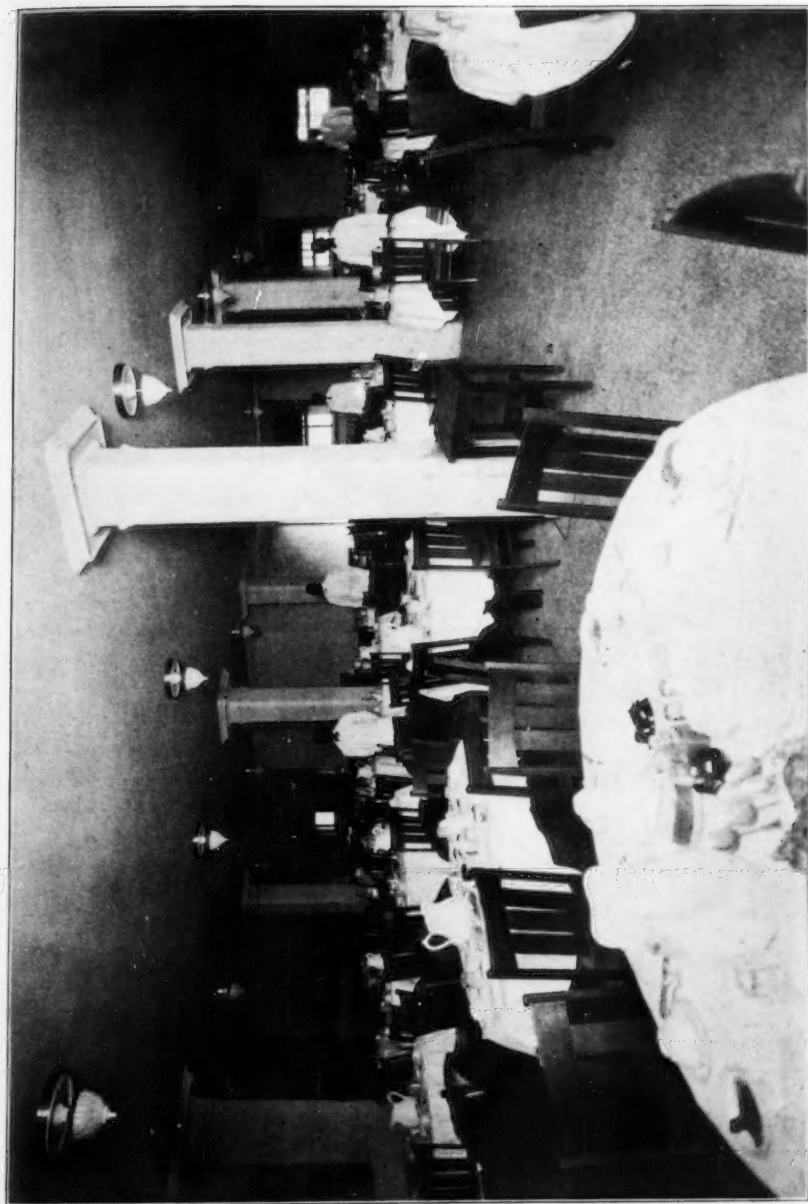
The three class rooms mentioned previously are furnished with desk-chairs of comfortable design and tables for the instructors. Unusual for a training school is the large amount of blackboard space in the class rooms, 136 square feet. The two larger rooms have

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Dining Room, Nurses' Home, Philadelphia General Hospital.



Laboratory in Nurses' Home, Philadelphia General Hospital

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window hangings of blue and ecru which relieve the class room severity. Quite an educational asset is the combined voloptoscope, which is used to project illustrations, diagrams and charts in many of the professional, as well as in cultural lectures. Many especially instructive materials for use in different courses have been ordered, but have not yet arrived. For anatomy and physiology, only the Frohse charts are on hand, but the following will probably be ready for use in next year's classes: 32 dissecting pans; 36 dissecting needles, scalpels and scissors; slides of body tissues; Anzoux models; female pelvis with organs, figure of sexless model, three-quarter size, brain, heart, eye, ear. For bacteriology there have been ordered stained slides of types of pathological micro-organisms; for bandaging, a dressmaker's model of a bust; and for history of nursing, a series of 182 slides of illustrations.

Adjoining the library is the instructor's office, similar in furnishings and finish to the library. The outstanding point of interest is the filing cabinet of sixteen compartments in which are kept outlines of the courses given in all classes, notes on nursing technique as it is taught each year, examination questions, and copies of the monthly and annual educational report. The object is the standardization of the classes and courses to such an extent that no break in the routine or in the personnel of the faculty could disturb the order of the courses.

No laboratory for dietetics and nutrition was included in the new home, because such a laboratory as would have been possible there would have been circumscribed in its scope. Instead, a very modern class room and laboratory was built in the hospital, in connection with the diet kitchen and hospital kitchen, where the students may have a wider aspect of the subject. Three classes of diet are prepared: the house diets for the very large number of up-patients; the select, for bed-patients; and the special, for dietary and acute cases. In the two former, the students are able to learn the principles of preparing food for institutions; and in the latter, the kind of cooking and serving required in private duty work. The class room is fully equipped for twenty students.

The second, third and fourth floors each consist of twenty-five rooms, built and furnished for occupation by one nurse only. The wall tinting and the wood work are the same as that throughout the building. The furniture is simple, but adequate—a couch bed, a dresser, a desk with book shelf, a writing chair, a rocking chair, a white enamel wall closet and a stationary wash-stand with hot and cold running water. To the nurses, the most comfortable feature is probably the roomy clothes closet, which may be used as a dressing room. Uniformity exists in the dresser scarfs of cretonne and the

window hangings of ecru, but a few months of occupation have added individual touches. Beside the general illumination, each room has an extension desk light, and a light in the clothes closet. No greater proof of the popularity of the modern rooms is needed than the eagerness with which each girl not in the new home counts the number of names ahead of hers on the list. That is one place where seniority is a virtue.

On each bed room floor is a pretty sitting room. The three are alike in size and style of furnishings, of baronial brown wicker, upholstered in cretonne of different designs with hangings to match. Each room contains a long davenport, a rocker, a wing rocker, a wing arm chair, three plain arm chairs, a glass topped table, a glass topped desk and desk chair, and a wicker lamp. Nothing could more satisfactorily counteract the mental and physical fatigue of hospital duty than these dainty, colorful sitting rooms with easy chairs that invite relaxation.

The bath room on each floor contains four showers and six tubs with partitions and walls of marble. This number allows a tub to each four persons and a shower to each six. Adjoining is a lavatory with a wash stand and four seats. A concession to vanity, rarely found even among the best, is the electric curling-iron heater.

The fifth floor is occupied by the dining room and kitchen. Admiring visitors have most frequently compared the dining room to the tea-rooms found so often on the top stories of department stores or on roof gardens, and the comparison is apt. The expanse of 5,053 square feet of floor space is broken by pillars which in no way obstruct the passage or the view. The many windows give the effect of continuous opening, through which the clear sky or sun-rise glow delights the eye, and cool breezes play in the warmest weather. Here, as in the halls, the hall finish is gray, the hangings are blue and ecru, and the floors terrazzo. The tables are round, seating six each, excepting four smaller ones for the special use of visitors, instructors, etc. The chairs are straight, of a typical dining-room model, but unusually comfortable. Two large buffets, four small ones, six tea-wagons, and two dozen serving tables complete the furnishings. The dishes are of attractive, serviceable style, in simple lines, decorated with a blue line and the hospital seal. The silver set is simple but complete enough to contain soup spoons and bread-and-butter spreads, which, we believe, are not always present even in the best of school dining rooms.

The kitchen department occupies the remainder of this floor, with its various divisions, each equipped as only the most modern hotel kitchens are. The serving room contains the dishwasher, dryer and heater, the steam tables, the coffee and tea urns and the serving tables.

Behind this is the kitchen proper where all the food is cooked. Adjoining the kitchen is the preparation room where are found the vegetable parers, ice cream freezers, cutting tables, etc. A meat room, a refrigerator room, a pastry kitchen, a dietitian's office, and a rest room for the employees, complete the floor.

Arguments have been advanced against the maintenance of a separate kitchen and dining room in the nurses' home, the familiar arguments being that economy and efficiency are increased by the use of a single cooking outfit, expense account and working force. This is probably true in some institutions, but in this case a dining room and kitchen had to be built, if not in the home, then in some other part of the institution, since there is no service building and may not be one for several years. Then, too, for ethical reasons it was decided that to be complete, a home must have a kitchen and dining room. This dining room has proved to be such as one would have in her own home, where parties may be given and friends and relatives entertained. If an orchestra is desired for the evening (and it has been on several occasions) there is no proximity to the wards to interfere with having one. The kitchen and dining room and their management are absolutely separate from that of the hospital and so far, this plan has appeared successful.

The basement contains the heating plant, the store-room for dining room supplies, an unmarked-laundry room, a dressing room for maids, the laundry, the gymnasium and the swimming pool.

Few schools for nurses contain gymnasiums and swimming pools. The directors of this school have considered physical training and relaxation a vital part of any school for young women, and in accordance with this belief have given the opportunity for it. The pool is not pretentious, but is sufficiently large to allow instruction in swimming and for healthful recreation. As adjunct to it are twelve dressing rooms and three showers, all of marble, with terrazzo floors. Adjoining is a roomy lavatory with two basins and two seats. With the gymnasium equipment will be six pairs of Ayvad's water wings and a pole and belt for swimming instruction. As yet the gymnasium equipment, though ordered, has not been delivered, but it may be in place in time for classes during the coming winter.

Equipment for Training School Gymnasium: Bar stalls, benches, vaulting horse-raised neck, vaulting buck, stationary boom, climbing poles, hemp climbing ropes, rope ladder spec. floor end, adjustable flying rings, balance beam, jump stands, mats 5 ft. by 10 ft. by 2 in., spec. adjustable ladder and wall hooks, maple dumb bells, wands 4½ ft. long, 1 in. thick, dumb bell hangers, wand box.

The laundry, likewise, is incomplete. The equipment ordered for

it comprises two ironing boards and electric irons, three dryer's chambers, a mangle, a clothes-horse, a four-foot wood table, three wash boards and a shelved closet for storage. Three enamel stationary tubs complete the outfit. The very obvious advantages of such a room need not be cited.

In the old home are the living room, the writing room and the largest class room, connected by large double doorways and furnishing an admirable suite for social functions. A piano and a victrola in the class room furnish music for dancing. A long reading table and two double writing tables, with the fiction library, complete the furnishings of the writing room, the walls of which are cream and white. The furnishings of the living room contain most notably two luxurious, tapestry upholstered davenports and numerous chairs of mahogany. An alcove containing wicker furniture gives a slight degree of privacy for entertaining guests. Plans for the remodelling of the old home include the abolition of the first floor bed rooms and the substitution of seven sitting rooms for entertaining guests; one for the head nurses, one for dietitians, and the others for pupil nurses. Other improvements will be the raising of the fourth half-story to a full story and the addition of a roof garden, containing sleeping porches and special apartments for night nurses. This will make the two buildings identical in size and external appearance and will increase the comfort and capacity of the old home. At present it contains thirty double rooms, each, on the second and third floors, and dormitories on the fourth. The basement contains rooms for trunk storage and the sorting room for laundry.

Decorations in the two homes are by no means elaborate, but are noteworthy for their extremely good taste. The pictures are not numerous, but are good. "Stumme Wacht" was noted above. Others are a Corot landscape, the "Arch of Constantine," a life-sized oil painting of Alice Fisher, the founder of the school, and in the instructor's office a copy of St. Gaudens' "Teacher and Pupil," from the Alice Freeman Palmer Memorial. The occasional pieces of pottery are extremely fine in coloring and design. Throughout the home the Moresque black and white velvet rugs, with black borders harmonize completely with the draperies of blue and silver and the gray wall tinting. Taken as a whole, the home forms a fitting background for young women of refinement, with a definite appeal to those qualities opposed to grossness and carelessness. It is a home to which young women may be proud to invite their friends, and to which they are encouraged, by frequent social events, to invite them.

Neither effort nor expense was spared in the completion of this home, on the theory that economy in the quality or quantity would

have been false economy. Everything that went into the home was the best available, and where mistakes have been found, they are being corrected as promptly as possible. The individual wash stands in the rooms added one-third to the cost of the plumbing, but to such obvious advantage that no one could question the wisdom of the added expense. Especially in the educational equipment was the best procured, with the determination to raise to the top the educational standard. What would have been a fairly difficult achievement in pre-war times becomes a remarkable one under war conditions. Nearly every article of furnishing and equipment advanced in cost between the dates of ordering and delivery. This alone would have been disadvantageous, but added to it was the difficulty of procuring materials and labor. It was estimated that war conditions added approximately twenty-five per cent of the \$45,000.00 cost, and it is known that they delayed the construction and date of completion appreciably.

From the standpoint of the student nurse who must find in the training school her home and her education, this home seems admirably to fill the requirements and, with the cultural advantages, the refined atmosphere, and the educational offerings, progressively higher types of young women will undoubtedly be attracted to the school. To those interested in the advance of the nursing profession, such carefully thought-out and worked-out equipment represents an opportunity to give to the student such training that she and, through her, the entire profession, will be elevated. To the hospital and the community at large, such a home gives, directly, nurses whose hands, minds and hearts are increasingly vitalized and energized, and whose influence now and hereafter will be for cleanliness, purity and truth.

THE AMERICAN LEGION ENDORSES RANK FOR NURSES

On Wednesday, November 12, at its first National Convention in Minneapolis the American Legion unanimously endorsed Rank for Nurses.

The heartfelt thanks of the National Committee to Secure Rank are hereby expressed to those splendid Posts and individual friends who so generously responded to the Committee's appeal for this aid and who coöperated so ably as to achieve this greatly desired end.

WHAT A NURSE SHOULD KNOW ABOUT SYPHILIS

SALVARSAN

BY HERMAN GOODMAN, B.S., M.D.

New York, N. Y.

(Continued from page 112)

As was mentioned in the first article of this series, Ehrlich after "606" experiments to produce a drug which has the greatest poisonous action on the cause of syphilis and which at the same time is almost harmless to the living tissue of the patient, produced the synthetic arsenic preparation to which was given the trade name of Salvarsan. The original "606" was manufactured by Farbwerke vormals Meister Lucius & Bruning, Hoechst O. M. Germany.

Salvarsan is a yellow powder which dissolves with a strongly acid reaction in water. If the solution should be injected in the acid condition, the life of the patient would be endangered. Hence, it is most important for the nurse to remember that if salvarsan, "606," or as it is sometimes called, "old salvarsan," is to be used, an alkaline solution, fifteen per cent sodium hydroxide, is to be on hand for the doctor's use.

Since the recent war made delivery of German salvarsan uncertain, "606" has been manufactured in many other countries. In the United States, the generic term of Arsphenamine has been chosen to represent the chemical compound of "old salvarsan" or "606." Various chemical houses produce and market under license different brands of arsphenamine. The nurse should be acquainted with the more popular of these.

The first American-made arsphenamine was sold as Arsenobenzol. It was made by the Dermatological Research Laboratories, Philadelphia Polyclinic, 1818 Lombard Street, Philadelphia, U. S. A. This drug requires hot water for solution and must be alkalinized with sodium hydroxide.

A Canadian firm, Synthetic Drug Company, produces a compound which is called Diarsenol. This drug requires alkalinization.

A French company sells Arsenobenzol (Billon), and an English firm makes Kharsivan. Both these drugs require the use of the sodium hydroxide solution.

The importers of Salvarsan, Farbwerke Hoechst Company of New York, organized a laboratory that was supposed to manufacture a drug exactly equivalent to the German product. The Arsphenamine (Metz and Co.) is marketed as Salvarsan in ampoules, boxes, and labels simulating the original. Unfortunately, however, the drug is not the same.

As was mentioned further in the first article, Ehrlich did not stop with "606" but proceeded with his experiments until "914" or Neosalvarsan had been produced. We quote the circular which accompanied the German-made Neosalvarsan:

By experiments on animals and clinical tests it was proved that this new modification of Salvarsan which we are placing on the market under the protected name "Neosalvarsan" possesses various advantages over Salvarsan.

1. Neosalvarsan dissolves very easily in water and gives a solution of completely neutral reaction.
2. Neosalvarsan is better tolerated subjectively.
3. The activity of Neosalvarsan is at least as great as that of Salvarsan.
4. Neosalvarsan is suitable for intramuscular injection.
5. The employment of Neosalvarsan is preferable for patients who exhibit hypersensitiveness towards Salvarsan (facial oedema).

Solutions of Neosalvarsan must on no account be kept or allowed to stand but must be injected immediately after their preparation as they oxidize even more readily than the solutions of Salvarsan.

The temperature of the injection fluid should not rise above 20-22°C. (68 to 71.6 F.). All warming of the Neosalvarsan solution must be avoided.

As with salvarsan, the impossibility of securing German neosalvarsan acted as an impetus to other manufacturers and soon many brands were available. In the United States, the name Neo-Arsphenamine was given to these products.

The Dermatological Research Laboratories, Philadelphia, U. S. A., produce a Neo-arsphenamine which "is identical in all essential respects with the compound originally prepared by Professor Ehrlich under the name of Neo-salvarsan." No alkali is required in the preparation of the drug as Neo-arsphenamine is already neutral when in solution. Warm or hot water should be avoided.

A French company issues a Novarsenobenzol (Billon) which is sold in the United States and has found favor here.

The Synthetic Drug Company of Canada manufactures Neodiarsenol, distributed by The Diarsenol Company, Toronto, Canada.

The H. A. Metz Laboratories, Inc., New York, manufacture a Neoarsphenamine under the trade mark "Neosalvarsan" which identifies the substance with the manufacture established under Professor Dr. Paul Ehrlich by Farbwerke, vormals Meister Lucius & Brunig, Hoechst O. M. Germany, and extended to the United States by Farbwerke Hoechst Company, New York, N. Y. The package, circular, etc., of this product closely resemble the German Neosalvarsan which this firm formerly distributed.

The nurse should remember that Neosalvarsan, "914," or "new salvarsan" and Neoarsphenamine do *not* require alkali, must *not* be heated, and they should *not* be kept standing before administration.

The doses of salvarsan administered intravenously vary according to the age of the patient and the character of the manifestation. The ordinary doses vary from four to six decigrams. The maximum dose, six decigrams, should be given only to vigorous individuals, who are known to be tolerant to the drug.

The doses of neosalvarsan are one-half greater than for "old salvarsan." The maximum dose for these salts is nine decigrams. Different doctors use various formulae in estimating dosage, and the frequency of injection.

In the next article, the nurse's share in the preparation of the drug and of the patient for injection will be given.

(To be continued.)

TOWNSHIP NURSING IN WESTCHESTER COUNTY, N. Y.

BY LENA COLEMAN, R.N.

Harrison, N. Y.

There are no limitations to the duties of the township visiting nurse. Now the visiting nurse may or may not be entitled to the name of public health nurse, nevertheless there is no branch of public health work which the township nurse passes by, for she is called upon to aid in all sorts of emergencies from assisting the physicians in patching up a patient after he has been gored by a bull, to aiding the health officers in combating an influenza epidemic. She is the teacher of Little Mothers' League classes for girls, and of Home Nursing classes for groups of women. The township nurse is the pioneer in her field for she demonstrates the value of school nursing and ferrets out the tuberculosis cases and secures the examination of contacts. She also paves the way for other nurses in the field.

The first nurse employed in the village of Harrison, seven years ago, was a visiting nurse. Her work led to the employment of a nurse for the five public schools of the township, two years ago. Still there were sections in the township which needed a visiting nurse, so nine months ago the Town of Harrison Nursing Association was formed and another visiting nurse was employed. The township was then divided into two nursing districts with a visiting nurse in each and a school nurse to cover the work of all of the schools in the township.

With the districting of the township, it has been possible to give more attention to the instructive side of the visiting work. True, the daily rounds must be made and the first attention given to the care of the sick, but there has been more time for preventive work. The

health of the child of pre-school age has received more attention; mothers' conferences have been held at the child health station; more work has been done along pre-natal lines, and occasional clinics for the diagnosis of tuberculosis cases have been held in each district, with a lung specialist as examiner at each.

A child health exhibit has also been held for two days in each district and one of the chief features of this exhibit was the seven reels of health films which were shown at the evening meetings. These meetings were largely attended, as many as 500 persons being present at a single meeting.

A class in Little Mothers' League has been graduated and this event was made an occasion of considerable importance. Invitations to the graduation exercises (which were held at the Visiting Nurse House) were issued by the members of the League to their parents and also to the members of the Town of Harrison Nursing Association. At the close of the exercises, refreshments were served and a social hour was enjoyed by all.

The Little Mothers' League classes will continue in their work for now they are receiving instruction from the Home Bureau Cooking Instructor in making bread and cake, and later the two leagues will compete for the prize of \$25 which has been offered by a private citizen to the district exhibiting the best home made bread and cake. This cake and bread exhibit will be a big affair and is to be held at the Community House.

Although the major part of the time of a township nurse is spent in bedside nursing, nevertheless she never loses sight of the fact that she is the health officer's assistant and as such, she keeps her eyes wide open for the first appearance of contagion in her district and also for all insanitary conditions which may or may not menace the health of the individual or community at large. All of these she brings to the attention of the health officer and then assists in bringing about normal conditions.

The township nurse lowers the infant death rate and saves mothers in childbirth by seeing that they have the right pre-natal instruction and care. She reduces the spread of all infection including tuberculosis. She makes arrangements for hospital care for those who need it. The township nurse is the teacher of public health in her district and by preventing illness reduces the number of cases of dependency. The township nurse also renders valuable assistance to all other social agencies in her district by coöperating with them in their several fields of work.

Visiting nursing is only one of the branches of the great field of public health nursing and the township visiting nurse covers one

of the broadest fields in the health nursing work. The opportunities for service are unlimited to the young woman who enters this field with a good training in some public health nursing school as a background, a sound judgment, a clear vision, and the right spirit.

REPORT OF THE SECRETARY OF THE NEW YORK STATE BOARD OF NURSE EXAMINERS FOR THE YEAR 1918-1919¹

BY CAROLYN E. GRAY, R.N.

The outstanding fact in this year's report is that Jane Elizabeth Hitchcock who had served as Secretary of the Board of Nurse Examiners from the time our Nurse Practice Act became a law in 1903, resigned last April to take up new work connected with public health nursing. Miss Hitchcock's service covered a period of sixteen years, during the last thirteen months of which she combined the work of State Inspector with the duties of Secretary of the Board of Nurse Examiners. This meant spending three days of each week in Albany and three days in New York, and at each place facing an accumulation of mail, the answering of which required infinite patience and attention to detail, as well as a practical knowledge of the working of our law. Physically and mentally this was no small task, and was as generous and genuine a contribution to our war service as any rendered nearer the firing lines. We are proud and congratulate ourselves that we had a Miss Hitchcock to help those who in our training schools were standing the heat and burden of the day in an effort to train an increased number of pupils to meet (what seemed to us) the insatiable demands of the Surgeon-General. Moreover, we are glad of this opportunity to acknowledge our indebtedness and record our appreciation of Miss Hitchcock's loyal service. Her resignation brings to mind that early group of pioneers who succeeded in getting our Nurse Practice Act on the statute books. Our later struggles and serious efforts to amend this law have helped us to realize the courage and statesmanship of this group, and also to marvel at their success.

I wish I could share with all of you the education it has been to me to serve on the Board of Nurse Examiners, and to have had the privilege of taking up Miss Hitchcock's work. I am frank to admit that I never realized in quite the same way, the importance of legislation, or the necessity for a better law than we have, until I conducted the examinations and rated the papers.

¹ Read at the meeting of the New York State Nurses' Association, Brooklyn, October 23, 1919.

In January, 422 candidates came up for examination. The number failing on each subject was:

Practical examination	28
Anatomy and physiology	56
Medical nursing and nursing of children.....	22
Obstetrical nursing	76
Materia medica	78
Bacteriology and surgery	15
Diet cooking	120

In June, 754 candidates came up for examination. The number failing in each subject was:

Practical examination	81
Anatomy and physiology	118
Medical nursing and nursing of children	49
Obstetrical nursing	21
Materia medica	149
Bacteriology and surgery	18
Diet cooking	36

Possibly because the work is new to me, I have been tremendously impressed by a number of facts which I would like to pass on to you.

1. If we arranged these candidates according to a scale, we would find an extraordinarily great contrast between those we would put at the upper end of the scale and those we would put at the lower end. I cannot emphasize this contrast too much. We have every reason to be proud of the high grade product of our schools, but even greater reason to regret the shortcomings of the poor product. Moreover, there is an undue proportion of the total number at the lower end of our scale. In my thinking, we need to give careful consideration to the injustice of a situation that allows a pupil nurse to give three years of service without receiving any adequate return either in training or education.

2. With many applicants it is difficult to find even one subject of nursing interest with which they are familiar. Questions on ethics or current topics of nursing history are utterly unknown to them. They have never heard of nursing organizations or nursing journals, and yet in the very nature of things they must take up our burdens when we lay them down. Does it seem too much to expect our pupils to have had time to read current nursing literature while in training?

3. Despite differences of opinion regarding the value of, or necessity for theoretical instruction, there has been great unanimity about the value of training in practical work, and it seems reasonable to assume that after three years of practice a fair degree of skill should be possessed by every candidate for an R.N. With all

too large a number, this skill is lacking, even in connection with the most elementary nursing procedures.

4. A large percentage of written papers prove beyond the shadow of a doubt that our entrance requirements are pitifully low, and that the equivalent of one year in high school is interpreted very broadly. We examiners expect to ignore poor spelling, and to overlook the necessity for, or customary use of capitals and punctuation marks, but we do expect some organization of facts and definite information. This is frequently lacking, and with every desire in the world to pass candidates, it is difficult to read meaning into a meaningless jumble of words.

If, as we are taught, examinations are a test of the teacher's success as well as of the student's attainments, then those of us who have been, or are teachers would find much food for thought in the written examination papers. Even a cursory reading of them would suggest that in our schools, *rote memorizing* is more popular than thinking, and the indiscriminate use of big words in the wrong places leaves no doubt that the meaning of many words in common use in hospitals is not understood. Perhaps these deficiencies would not stand out in such glaring fashion if the candidates at the upper end of our scale did not bear eloquent witness to the possibilities inherent in our system.

I bring these problems to you with a sincere hope that a recognition of them will lead to active measures to bring our average up to a higher level. We are not alone. Other groups of professional workers are actively grappling with similar conditions that obtain in their various fields. The war has shown us that a large group of uneducated citizens, either native or foreign-born, is a danger to our democracy, and various so-called "Americanization" schemes which are largely educational in their character and scope, are being tried out. In the light of democratic ideals, our whole educational system is being subjected to thorough-going analysis, and the teachers of the country are leading the way in trying to bring not only their pupils, but all of their members up to a higher level. It is because I am anxious that we too should recognize and take an active part in this educational program, that I urge upon you to make more use of the facts locked up in our examination papers and records, so that our average shall be higher and our professional group more representative of the ideals of a true democracy.

THE FEEDING OF HEALTHY CHILDREN¹

BY MARION PRICE, R.N.

Rochester, N. Y.

It is frequently said that nurses know perfectly well how to feed sick children, but are often at a loss to suggest food for healthy ones. This is hardly a fair statement, though it is true that we are naturally more used to preparing food for invalids than for normal appetites.

In the first five years of a child's life the chief obstacle to overcome in the diet is its natural antipathy to anything except the feeding bottle. We do not want to forget that milk is a perfect food, but when the teeth begin to appear we know that is Nature's way of telling us that it is time to begin a soft diet, such as strained, well-cooked cereals, soft boiled or coddled eggs, and a little later, dry cereals, crackers, zweibach, bread and butter, spinach and orange juice. The child who depends almost entirely on his bottle is usually, at the age of two or three, rickety and backward, even though he may be heavy. From a working mother's point of view we can easily see that she finds it very hard to give time to teaching the baby to begin to eat or even to drink out of a cup. From five years of age on, if the child is not well trained and used to a regular plain diet, he is apt to go to the other extreme and crave for rich or unwholesome foods. Of course we must remember that a certain amount of sweet things is good for everyone and children should have candy, provided it is given after meals.

Professor McCollum of Johns Hopkins University has related some very interesting facts in regard to the right kinds of food. He reminds us that, in spite of the high price of milk, it is not as dear as foods which give a relative value, and he insisted that one quart of milk per day is necessary for every child or adult, in order to maintain perfect health, the milk, of course, to be taken in addition to three meals per day. He told of several instances of blindness in children caused by lack of fresh milk or butter fats. In some cases these children were in the homes of farmers who sold all their cream and butter and fed their children on skim milk. In another instance, cases of blindness developed in a wonderfully equipped orphanage where the children were fed on skim milk, meat and cereals, only, cream and butter fats being lacking.

Statistics have also proved that cases of scurvy are found in homes or institutions where fresh milk, fruit, and fresh vegetables form no part of the diet.

¹Read at a meeting of the Genesee Valley Nurses' Association, September 30, 1919.

I will not suggest menus for children, as they can be so easily obtained from hospitals, clinics or any diet centers, but I want to emphasize the fact that the majority of children's ailments are due to improper feeding and that there is great educational work to be done along those lines with the parents. Too often the poor little youngster is blamed for irritability or bad temper when in reality he is suffering from nervous indigestion caused by unsuitable foods. To prevent sickness and ensure perfect health among the children, we must emphasize the necessity of good, wholesome food given at regular intervals under cheerful conditions.

THE PRELIMINARY COURSE¹

BY MABEL HOFFMAN, R.N.

Instructor, Rochester General Hospital, Rochester, N. Y.

As we advance, step by step, in the nursing field, we gather and take with us, new ideas, remodeled plans, worth while schemes and numerous experiments that have been tried out and which have proven of value to both the patient and the nurse. While we are carrying the load, let us tuck between the folds the new, and very much worth while idea, of making the preliminary course for our young students as attractive and interesting as possible.

All of us fully realize that without a good foundation a house will not stand; that a spoiled and disobedient child is blamed for the improper training that was given him while he was growing, and that the nurse, in turn, is blamed for the poor methods taught her when she was a beginner. The training given students during their probation period, the way they are taught to use their hands, and their brains, the proper method of applying what they have been taught, all these add to the foundation of success, and mould their habits and inclinations into real, solid material upon which their future good is established. Therefore, we are forced to begin with the very first day they enter our training school. It is the first impression of the hospital that is going to be the lasting impression, and we must make an effort to have everything pleasing to the eye as well as to the mind.

At the General Hospital of Rochester we have been, perhaps, very fortunate in obtaining for our class room the entire second floor of one of our newer buildings, which was formerly used as a ward. It is very nearly an exact duplicate of our regular ward unit. It consists of one large recitation room where we conduct our classes in

¹ Read at a meeting of the New York State League for Nursing Education, Brooklyn, October 21, 1919.

Theory of Nursing and Solutions and contains a large blackboard and student chairs to accommodate twenty-five students very comfortably. In this room we have also a desk and a small table for books. Next, we have our utility room, which has everything on its shelves that we find on the wards, the basins and brushes are located in the same places, the enema and douche tips are kept in a solution corresponding with that on the ward, and everything conveys to the student the idea that she is really working in the ward instead of making-believe in the class room.

Next in line, we have our medicine cabinet. This is very interesting to every student. Here she learns where drugs are kept, the proper location for the oils, the pills, and the wafers,—she finds the thermometers in exactly the same place, in the same kind of a solution, as that which she later finds in the ward. The linen room is next, and this is really a joy to every student. The neat rows of folded linen, each article in its own place, gives one the impression of cleanliness and finished work. The drawers in the linen closet contain the same articles, each one located in a place identical to that on the ward, so that if a nurse is sent from the class-room to Ward B, she has no difficulty in finding exactly what she wants, and need not ask a million questions in order to find out where it is.

Across the hall we have a large demonstration room which is the ward proper. In this room we have six regulation hospital beds, a crib, six bedside tables, a blackboard, a large bench for the students and ten chairs. At one end of the ward, we have a large table which holds our tray equipments, set up for use at any time. These are the pride and joy of our every day life and have proven a real life-saver as well as a time-saver on the wards. In this ward, the students are instructed in bed making, are taught how to give a bath, etc., and are allowed to practice each day any of the demonstrations they have had in class.

There appears to be but one way of making the students realize that they are working among sick people, that they must cultivate the touch for which a sick person longs,—they must understand that a heavy step is very disturbing to a tired head and that cold alcohol on a patient's back causes him to jump. The one solution of the problem is to have the students act as subjects for one another. Treat them like real sick folks, apply a mustard paste to a student's chest,—she will never forgive you for leaving it on until it burns. Give a mustard foot bath to Miss C. and she will tell you quickly enough that the water is too cold. It teaches them to be careful and thoughtful regarding their patient's comfort. Could a Chase doll answer your inquiries? I'm afraid not. The students do not object to this method and one

finds pleasure in resting in a comfortable bed while another nurse bathes her face with cool water. We have obtained wonderful results by this practice and when the probationer goes on the ward, she finds it almost an exact reproduction of the practice she has already had in the class room.

We have a dressing room, where the nurses acting as subjects, may leave their clothing, and a diet kitchen where the nurses are taught the proper placing of dishes on trays and the correct method of preparing a flaxseed poultice for the benefit of the patient.

The theory and practical work that the nurse is taught in the class room, would be of much less value to her if we were not positive that she is carrying out these methods and practising each day on the ward exactly what she has been taught in the class room. In order to keep up the good work among the nurses there must be constant supervision every hour in the day and every day in the week. The supervisor or her assistant should be on the ward with the students at all times. They then have some one to whom they can go for an explanation of this case and of that case without becoming a burden to the older nurses. We help them over the hard places, explain why we give certain treatments, and assist them whenever possible in order to dull the sharp edges that always make life on the ward so dreaded by the young nurse.

Our follow-up work starts the very first day they go on the wards. We inspect the beds that they have made,—if this spread is uneven we ask the pupil to rearrange it; if the linen room shelves still reveal some dust we ask Miss C. to dust it over again. It is only by practice that we become efficient, and efficiency is the keynote to success.

Every student is allowed to give an enema, a douche and to catheterize for the first time, only when the supervisor is with her. If after the second time, she has proven herself capable of carrying out this treatment alone, she is allowed to do so. Any nurse not absolutely sure of herself is given a third and perhaps a fourth trial to prove her capability.

The head nurses on the various wards keep us in touch with the new treatments and orders and in this way we can give every nurse a chance to catheterize, to irrigate a bladder, prepare for an operation and give other treatments that are not every-day occurrences. Only through such coöperation between the head nurses on the wards and the supervisors, can the best results be obtained.

The practice in giving medicines on the wards is also done under strict supervision. The pupil is allowed to administer the drugs over a certain period of time and if, at the end of that time, she has shown

her knowledge in handling the bottles and accuracy in measuring out the solutions, she is allowed to take the responsibility of giving them alone. Many times one pupil is far ahead of another because she is more careful and painstaking in measuring and giving the dose. Some may take only three days' experience while others require longer and more constant supervision.

Another plan, worked out especially for the benefit of the head nurses who often complain about the uncertainty of the probationer on the ward, has proven invaluable to her in arranging and planning her work for the day. This is the time card. These cards are arranged with the days of the week printed upon them and spaces following each day to be filled in by the pupil. In these spaces they mark the hours during each day that they will actually spend on the ward. In this way the head nurse knows how many nurses she will have to carry trays at noontime and how many she can depend upon for temperature taking in the afternoon. These cards are changed when necessary, and are taken by the pupil to the next ward when she is advanced to another duty. The head nurses say without them they would be lost, but with them life goes along like a song, so I guess they are worth while.

Perhaps it would be interesting to know how our curriculum is carried out during the preliminary course. The work during the probation period, including the practical work, Theory, Solutions, and Bandaging, is completed at the end of the third month. The pupil is accepted, is given her cap, and she takes up her duties on the ward as a regular part of the nursing force. The Anatomy and Physiology, Hygiene, History of Nursing, Dietetics, Theory and Laboratory, are carried into the fourth and fifth months. We found by experience that we were crowding altogether too much into the three months; the pupils were unable to grasp the work and hold it, they were simply overburdened by work. As it is now, the assignments are just as long, but the students have a chance to finish a few of the subjects before starting Ethics, History of Nursing and the others above mentioned. So far, the pupils are carrying their work with more ease and the class work has improved to a marked degree.

First Month

Anatomy and Physiology,	3 classes, 1½ hours each
Bacteriology,	1 class, 1½ hours
Bacteriology Laboratory,	1 class, 2 hours
Hygiene,	1 class, 1 hour
Bandaging,	4 classes, 1 hour each
Solutions,	2 classes, 1½ hours "

Theory,	2 classes, 1 hour each
Demonstrations,	3 classes, 1 hour "
Ethics,	1 class, 1 hour
Practice,	5 classes, 2 hours each
Classes and Laboratory,	18 hours
Demonstrations,	3 hours
Practice,	10 hours
<hr/>	
	31 hours each week
Ward Work,	15 hours " "
<hr/>	
	46 hours

In the second month we have completed our Bandaging classes and during the last week our Solutions are finished, thus giving added time to the ward work. At the end of the third month, the students have completed their Theory of Nursing, Bacteriology, and their Demonstrations. The students are taken on excursions to the garbage disposal plant, to the city water works and to other points of interest to them as related to their work in the school. In the fourth and fifth months, they complete their Anatomy and Physiology, Hygiene, Pathology, History of Nursing, Dietetics, theory and laboratory, increasing their ward work to about 4 to 6 hours daily.

This year we are trying a new scheme with our Solutions classes. We allow the students to actually handle the drugs, make weaker solutions from stronger ones, weigh out the dry glucose and become familiar with the weights used in the metric system and the flasks, beakers and graduates needed in making the solutions. They have very interesting times and enjoy their work with solutions more than I can say. The students are really learning something they will not forget the minute they leave the class room. We are prone to start new methods each year and if this method of teaching proves a success, then we are one step nearer perfection than before and I feel that anything that will aid the student in mastering the subject, Solutions, is really worth our consideration.

Thus our work goes on, year in and year out, each class entering the strange and mysterious place called the hospital where she learns day by day what service really means. She finds the road long and hard, eased only by a faint ray of hope, cast by a more experienced traveler, and she trudges along until she finally reaches the big hill, the end of her trail, when she starts upward toward real success. Let each one of us remember that we were on the same road not so very far back, and with this thought make the day brighter for these probationers in blue.

GENERAL PERSHING ENDORSES RANK FOR NURSES

On Friday, October 31, the Senate and the House Military Affairs Committees of Congress met jointly to hear the views of General Pershing on Army Reorganization. The General first made a formal general statement of his opinion on a wide range of subjects and then answered questions. The following excerpts give his position on Rank for Nurses. They are a transcript from the notes of the official stenographer and have not been edited or revised in any way.¹

FORMAL STATEMENT ON RANK FOR NURSES

GEN. PERSHING. The Army Nurse Corps has performed most excellent service abroad. It contained many women of superior ability, and it seems to me as a recognition of the splendid services of the American women in that Corps they should be given some rank, some status. I am in favor of giving them rank up to and including the rank of second lieutenant, which does not now appear in the Medical Department, and I believe the bestowal of that rank would give the Nurse Corps the necessary military authority to carry out the instructions of the medical officers and would also have the effect of attracting to the Corps the best class of women.

ANSWERS TO QUESTIONS ON RANK

MR. KAHN. (Julius Kahn, Republican, of San Francisco, Chairman of House Military Affairs Committee.) This morning you said you would recommend the giving of the rank of second lieutenant to the army nurses. Was not the custom among the other countries that participated in the war to give nurses the relative rank and pay of some officer of the army, but not to designate them as lieutenants or captains?

GEN. PERSHING. I think that is the practice in the British service.

MR. KAHN. In the British service?

GEN. PERSHING. Yes.

MR. KAHN. Did it work out satisfactorily?

GEN. PERSHING. As far as I know, it has been very satisfactory to the British.

MR. KAHN. Do you think it would be better to create some special rank for the nursing corps rather than the ranks that prevail in the combat troops of the army?

GEN. PERSHING. Well, I have thought about it a good deal, and it is rather a puzzling question, Mr. Chairman. Whatever would give the nurses a position by which they could enforce compliance with their instructions is what should be done. You find a good many men in the hospitals who are not inclined to obey the orders of a nurse, fellows who are perhaps not any too well disciplined under any circumstances, and the nurses have had in many cases a rather hard time in getting along with some of those men. I am only interested in getting them a standing that will enable them to carry out their duties efficiently.

MR. KAHN. In favor of giving them some rank, but you have no preference as to what it will be?

¹ The italics are ours.

GEN. PERSHING. I must say, I have not.

MR. GREENE. (Frank L. Greene, Republican, Island Pond, Vermont, member of House Military Affairs Committee.) Is it not an axiom of the service that any man who is carrying an order of his superior in that duty to another person carries the order of the superior regardless of rank, and if the order is disobeyed he is disobeying the order of the superior?

GEN. PERSHING. There is a lot of conflict involved in that question.

MR. GREENE. I understand there is. I am speaking only of the general principle. If you designate somebody in a hospital to do something irrespective of grade or rank, that order would have to be carried out, and anybody who sought to interfere would be disobeying the order?

GEN. PERSHING. That very frequently happens.

MR. GREENE. Does it make any difference how many stages of rank intervene between you and the one to whom the order is directed, as to who it is brought by when it comes from the one source, the one who could give such an order?

GEN. PERSHING. In those cases where certain duties are allotted to juniors, *they are in a better position to carry out those duties if they have the rank which would naturally give them control over the persons that are under control.*

MR. GREENE. The order gives them control, however?

GEN. PERSHING. *I cannot say it always does.*

MR. GREENE. Officially it does?

GEN. PERSHING. *There is a great deal of difference between giving an order and having it carried out.* If an officer is ordered to execute an order involving some one of superior rank, who questions the order, and there is no one man on the spot to settle the difference, it involves a lot of difficulty.

MR. GREENE. Would the giving of military rank such as is embodied with the combat troops to people in hospitals tend eventually to win them away to more regard for their rank than for the duty they were assigned to? It has been found, I believe, in the service that while a dentist is a first lieutenant, he will stand back of the chair and draw a tooth, but as he begins to go up the grades he is more interested in assigning somebody else to that function than he is to performing it himself. Is that same thing true in regard to veterinaries and other people who are not distinctly military men, but are engaged in civilian auxiliary functions attached to the army? Is there a danger in permitting military rank and grade to be scattered too promiscuously through these services?

GEN. PERSHING. You refer to the dental rank?

MR. GREENE. I only used that as an illustration. We all have to come to the dentist sooner or later, and the army finds it out as soon as anybody else.

GEN. PERSHING. I know certain colonels in the dental corps who do not hesitate to draw teeth.

MR. GREENE. Are those exceptions that prove the rule, General?

GEN. PERSHING. Well, this whole question is a very interesting one, *but it seems to me if you require certain things to be done by a military individual which compels him to exercise authority over others, he must have, or he is better off if he has, the rank to do it.*

MR. GREENE. Then, if you apply that logically, the sentry on post No. 2 should have the same rank, and yet everybody knows it is death to any one to disobey his orders.

GEN. PERSHING. That is the reason we give him a gun.

MR. GREENE. But he is a private.

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GEN. PERSHING. If we would give nurses *guns*, we would not need to give them *rank*.

MR. GREENE. I dare say. This question is interesting in this sense, that when we try to establish military grades of greater numbers than we have now, we are confronted with the popular misunderstanding of the subject which makes them fail to distinguish between men of different rank.

GEN. PERSHING. I quite appreciate your point in the matter, and the same criticism is very frequently made by the army people themselves, but as I said with reference to this question of giving rank to nurses, the only point I would make is to place them in a position where they might not be embarrassed so much in the carrying out of their orders.

SENATOR WADSWORTH. (James W. Wadsworth, Jr., Republican, of Groveland, New York, Chairman of Senate Military Affairs Committee). As I understand it, General, they request a little sign of rank, an insignia, something to indicate authority that they have to meet an emergency, which does not come up very often, but sometimes is very important.

GEN. PERSHING. Yes.

THE MALARIA PROBLEM OF THE SOUTH

Conveyance.—Without going into the question of conveyance of malaria by the mosquitoes, I will lay down a few postulates:

1. Malaria is caused by parasites in the blood of the person suffering from it. Persons with such parasites in their blood are infected with malaria.

2. Those parasites were injected into the person by the bite of a mosquito infected with the parasite. Man receives infection in no other way.

3. The mosquito herself received this infection by having previously fed on a person whose blood contained such parasites. The mosquito acquires infection in no other way.

4. The only mosquitoes which are infected with malaria are those of the genus *Anopheles*, and not all species of *Anopheles* are efficient carriers of malaria.

The change from man to the mosquito and back again is necessary for the continuous existence of the parasites, just as necessary as that change for the germ of wheat by which it is alternately in the ground and in the air. The malaria parasite cannot live indefinitely in the mosquito; it cannot live indefinitely, although much longer, in man. Without this continued change between the two hosts the parasite dies. This, then, gives us our clue for malaria control: (1) Keep infected mosquitoes away from man; or (2) keep mosquitoes away from infected men. The control of either host—the mosquito or the man—will eliminate malaria.

Area of Prevalence.—One encouraging fact about malaria in the United States is that the area of prevalence, certainly the area in which it is severe, is lessening. In eastern North Carolina there is not now one-third of the malaria there was in the eighties. I think the same is generally true, though, perhaps, not to the same degree, in all of the cotton states. On the other hand, it has increased in some sections of these and other states.—By H. R. Carter, U. S. Public Health Service.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

TEACHING PROBATIONERS HOW TO STUDY

BY MAUD MUSE

Instructor, Stanford School for Nurses, San Francisco

When asked to write upon the above subject, I was struggling with a class containing a larger per cent of pupils who did not know how to study than I had ever met before in my experience. I defy anyone to find another group where there are so many undisciplined adult minds as those found in the probationary classes of our training schools.

Of course, in this uniquely heterogeneous group there are some real students, fresh from high school or college, eager, ready and capable of assimilating everything presented in this new field of knowledge. Such are a pure joy to the instructor, but they present their problem as well—how to meet their needs and not go over the heads of the remainder.

The others usually fall into two big groups. First, those who for years (often as many as ten) have indulged in little or no mental exercise,—inert adult minds they are, having lost the original impressibility of youth, and having become set and rusted into grooves and ruts, innumerable. Then there are those who frankly admit that they never were students; and, failing in high school or college, entered training to escape study. The first few days serve to demonstrate their sad mistake and an early withdrawal usually results. Occasionally, however, a very passion for nursing possesses them, which stimulates them to unwonted effort, and makes of them often the best of nurses. To the latter group belongs the little college sophomore who, gritting her teeth after her first failure in "Solutions," said, "I always hated studying and came here to escape it, but I never wanted anything in my life as much as I want to be a nurse, and I will make good." Needless to say she has.

A sad and well-nigh omnipresent handicap of the student nurse is physical fatigue. How can we expect a mind to be alert after eight to twelve hours of strenuous physical strain? To teach such a class requires more than an adequate knowledge of the subject matter to be presented. Often the instructor must, by personal interest and enthusiasm, lift a whole class out of deadly mental inertia before she

can hope to present the lesson, however well organized and concise it may be.

I really have nothing new to present upon the subject under discussion. Recently several noted psychologists have written good books upon this and allied subjects and anything which I have to advance must necessarily be condensed from these; merely stressing points which I have, myself, found useful.

Nowadays practically all instructors employ the combined "lecture-demonstration-recitation" method of teaching. To some of our students the lecture method is unfamiliar and necessitates new mental habits, greater concentration and some guidance in note taking. The students must be made to see that their notes should serve several purposes, as an outline for directing each day's work, to insure and facilitate a systematic pre-examination review, and possibly as a permanent record for future use.

Discourage stenographic notes. Such a practice inhibits real thinking and exercises only the muscles of the right arm. No instructor is inspired by the sight of twenty automatisms, transcribing the lecture verbatim without a ripple of mental activity. Preferably have the student barely outline the lecture on the left hand page of a loose-leaf note book (with practice this can be done satisfactorily without re-copying). Then insist that she fill in the details on the opposite, right hand page, from memory, within twenty-four hours. Upon this page also should be inscribed a brief summary (in words of the student) of all readings done upon the subject outlined. This accomplished, have the pupil formulate questions covering the ground and write them in the margin of the left hand page. Covering all these questions is a splendid way to test knowledge in review, daily or final, and should the answer evade, no time is lost in looking it up.

Probationers who most need to be taught how to study seldom have any knowledge of the nervous system and yet have some understanding of the working of the mind. That jelly-like mass of tissue, called the brain, is more delicately impressible than any recording phonograph disk. Innumerable chains of microscopic "neurones" convey nerve impulses from all the sense organs, and the record is made in special areas of the brain, but that is not the end. Every impression which comes into the brain from without: sound, odor, or object of vision, arouses old associates (memories, ideas, interests) and passing to meet them, the result is a new "field of consciousness" in the brain, only a small part of which oftentimes come from the outer world.

The utility of the brain appears to depend largely upon three things:

First: *Its sensitiveness to impressions reaching it through all the senses.* The infant makes use of all senses impartially in adapting itself to its environment. It tastes, handles and pulls to pieces every accessible object and the sensitive brain records all these impressions. The facts thus learned soon become associated into conscious states and he knows that a stove burns, gates will open and kittens scratch. Later the visual and auditory paths are largely used. Since many individuals specialize in the use of but one of these, it is advisable to determine which, and thus facilitate learning.

Does the student *see* the chemistry teacher as she wrote that new formula on the board or *hear* her voice as she read it?

Those who find visual impressions more lasting, should tabulate, diagram, and make charts and graphs of everything possible. Most people do belong to this group, so the efficient instructor never neglects the visual when seeking to convey impressions.

As illustrating the auditory group, I recall a seemingly bright and conscientious high school student who repeatedly failed in history. A visit to her home revealed the fact that the whole family reveled in gossip and she knew accurately the dates of every birth and death in the community. This knowledge inspired the suggestion that a small brother read the history assignment to her, and she had no further difficulties. Deficient in visual impressibility, love of gossip had supertrained her auditory centers.

Occasionally a student finds permanent impressions made only through the motor impulse of writing. This group finds it most profitable to re-copy lecture notes and even write things out several times from different standpoints.

Second: *The number of association tracts it possesses between these impressions.* Here is where an extensive and comprehensive "apperceptive basis" helps. The student with many interests and memories ready to greet the new impression is not so likely to lose it. Also it is here that impressions of equal strength through all the senses, make learning vastly easier. The student who has a faithful record in the temporal lobes of sound of a new word, equally accurate record in the occipital lobes of the sight of the same, still others as the word was spoken or written and all connected by "association tracts" can scarcely forget it if he chooses.

Third: *Its ability to retain impressions received. This we call Memory.* It is useless to plead the inheritance of a "poor memory." Memory operates according to law. A good memory may be cultivated and is within the reach of all.

An act of memory passes necessarily through four stages: (1) Impression, (2) Retention, (3) Recall, (4) Recognition.

Faulty *impression* is the cause of a large per cent of forgetting.

The reason most of us forget the names of persons introduced is the fact that we seldom hear them distinctly. A most important condition of impression is *repetition* and the necessity of knowing how to distribute these repetitions to obtain best results is emphasized and covered in detail by all psychologists.

Also in memorizing long selections, they should be impressed as a whole or as little broken up as possible. Likewise it is necessary to give an impression time to "set" before super-imposing a new one. Furnish the brain with facts and it will sometimes evidence a startling power of association during sleep.

A frequent mistake and one greatly to be deplored, is to study with the idea that the material must be retained only until examination. If that be the goal, it will usually be reached, but don't be surprised to find that a few days later, the mind is a blank.

"*Retention*" is a phase of memory little understood. We know we do retain a multitude of facts and that is about all. It is not enough, from the student's point of view to acquire and retain impressions. She must be able to *recall* them at the proper moment. Most embarrassing and aggravating is it to fail in recitation and then have the whole answer flash into consciousness at the first words of the next student. This form of failure is usually due to the fact that memory is not tested under circumstances similar to the desired final recall. Practice in answering questions out loud and writing out the answer has saved the day for many a student.

Psychologists make much of the value of "the feeling of recognition," which accompanies recall. It is described as a "glow of feeling" of great value in "fixing" impressions permanently—comparable to the process which makes of the "negative" a permanent photograph. Undoubtedly it is this "feeling of recognition," as well as the additional impressions, which makes so valuable the final review before examination.

It is generally conceded that the measure of mental efficiency is the ability to concentrate attention. Of all the content of the mind, only one idea or concept may be "focal," all else is marginal or beyond consciousness, and, even so, attention constantly fluctuates. This fact should be emphasized frequently, that, though unable to concentrate long upon any one idea, it may be so manipulated, i. e., viewed from this angle and that, as to keep it focal for an indefinite period.

Environmental and physical conditions should receive careful consideration to prevent distractions. Many, many hours are wasted

which the pupils really think are spent in study. When a student assures me that she has spent two hours on the bones of the face and does not know them, I know that she could probably inform me concerning every visitor to the library during that period.

The object of all this memorizing of facts is to make it possible for us to exercise that highest power of the human mind—*reasoning*. Of course it is the duty of the instructor to present to her students a sufficient number of facts to reason with. Quite a formidable array is necessary and they must be clearly defined and carefully classified, but sometimes the purpose of their acquisition is lost sight of and teaching stops short of its goal. Fortunately the oversight is often remedied by the daily exigencies of the wards, which are ever presenting problems and, providing the class work has furnished adequate facts, to the thinking student the result is always—"therefore, Q. E. D." Try and get the student to study in "problems." Encourage that "eternal why"; not always by direct answers, but always see that it reaches the "therefore." Then, "dry bones" takes on new meaning, knowledge comes with new power and daily experiences are accompanied by a glow of understanding and resulting satisfaction, even beyond all hopes.

PROGRESS IN NURSING EDUCATION¹

Decidedly the most important event of the year is the appointment of a committee of which Dr. Winslow is chairman, to consider the question of the best kind of training for public health nurses. This committee arose out of a conference which was called by Dr. Vincent, president of the Rockefeller Foundation, to discuss the question of nursing in its relation to public health work. In considering the preparation of nurses for this field, it will be necessary to study very thoroughly the whole question of the education and training of all nurses. The committee is exceedingly fortunate in having secured the services of Josephine Goldmark for this investigation. Miss Goldmark's ability in this type of work has given her an international reputation, and we can have every assurance that her study of the situation in nursing education will be not only careful and exhaustive, but impartial.

It will be recalled that the Committee on Education urged the importance of such an investigation of nursing education, at the convention in Boston in 1911, and was then authorized to appeal to the Carnegie Foundation to undertake the work. This appeal and others made later were unsuccessful. It is, therefore, a matter of the greatest satisfaction that we are now going to have this much needed study of

¹ An extract from the report of the Education Committee of the National League of Nursing Education, read at the meeting held in Chicago, June, 1919.

our whole system of professional education, and we look forward with eagerness to the results.

Another event of marked importance in nursing education is the appropriation by the American Red Cross of \$100,000 for scholarships for public health nurses. It is of special interest to report that the Red Cross has also responded to a request of the Joint Committee, to give \$15,000 in scholarships to well qualified candidates wishing to prepare for work as instructors in nursing schools. The National Organization for Public Health Nursing has also appropriated \$10,000 for the training of nurses wishing to prepare as teachers of public health nursing. The number of hospitals awarding scholarships for post-graduate study to their own graduates is also increasing, so that it ought not to be impossible for any ambitious and capable young woman to get assistance in preparing herself for more advanced work in these special fields. Superintendents of nurses and instructors will be doing a great service both to the nurses themselves and to the profession, if they will bring to the attention of the scholarship committees or those conducting courses of instruction, the names of *unusually promising* students or graduates, who otherwise might be unable to secure additional training.

Several more universities have established or are considering establishing schools of nursing. The University of Texas, which was the first in the country to give a nurse a seat on its faculty, and the Universities of Minnesota, Iowa, and Wisconsin, are planning further extensions of their work in the near future. Michigan and Syracuse, N. Y., have established professorships in public health nursing. Two or three more colleges are making plans for a five-year course in nursing leading to the degree. In Canada, a university course in nursing is to be opened in Vancouver, B. C., in affiliation with Vancouver General Hospital and other hospitals of high standing in British Columbia.

Pre-nursing courses were also given in several colleges last summer. This was a war emergency measure but it is interesting as an educational experiment.

There have been several gifts of money to training schools for educational work, the sums ranging between \$10,000 and \$130,000.

It is very gratifying to note evidences of steady improvement in the direction of better buildings for nurses' homes, better equipped class rooms, better reference libraries, etc. Several schools report efforts to shorten hours and it is evident that this movement is growing.

In spite of organized efforts during this past year to weaken or break down our educational system, it is encouraging to remember

that, as at other times, the storm passes and our house still stands. We have been under fire from all quarters, one group of medical critics insisting that we are over-training our nurses and another group of our medical friends in the public health ranks insisting just as loudly that we are requiring too low standards of education, and are failing to supply them with nurses who are highly enough trained. It is difficult to carry out any policy which will be satisfactory to everyone.

No doubt changes will have to be made and reforms which we have ourselves long urged, will have to come, but we have every evidence from the way our nurses overseas met their difficult task, that most of our training schools are doing a substantial and very useful work. We feel that the women in charge of our schools can be trusted to hold fast to the things which are good and to work ahead steadily making experiments as they can, and trying to meet the new demands in the best way they can find.

This terrible year, the hardest in our whole history, is past, and now with our nurses returning from overseas, and with many encouraging developments which promise better things for the future, we can go forward with renewed faith in ourselves and in our work and with good cheer, to the task that lies ahead.

TOO LATE FOR CLASSIFICATION

THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold an examination in Lansing, January 6 and 7, 1920. Applications should be on file fifteen days before the date of examination. Mrs. Helen deSpelder Moore, Secretary, Lansing, Mich.

THE SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for the registration of nurses at the State House, Pierre, January 14 and 15, 1920. Applications must be filed with the secretary at least two weeks in advance of the examinations. For information address Mrs. Elizabeth Dryborough, Rapid City.

THE RED CROSS

IN CHARGE OF

CLARA D. NOYES, R.N.

Director, Department of Nursing

THE RED CROSS BUREAU OF INFORMATION FOR NURSES

"I came home thinking that after my war experience I should find S——ville the same sleepy little town which I left. I am now entirely at sea, not only am I different, but it too has changed tremendously. I knew that I wanted to get experience in other lines of work than my old round of private duty nursing, but I never expected that it, too, would be demanding something which I cannot define, and which I am at a loss to understand. I am writing to you because your Bureau offers me something stable to turn to in these changing times."

This letter, from a nurse who had "just finished a three months' vacation after her release from military service," voices a feeling which many hundreds of American nurses entertain toward the Red Cross Bureau of Information. The New Year, 1920, will see the close of the military demobilization period which has occupied the past fourteen months. In retrospect, this has been a period taken up entirely with readjustment. With the war machinery of the Red Cross Nursing Service automatically checked by the signing of the armistice, a new channel of organization has been created through which American nurses may more easily be helped to return to civilian work,—the Red Cross Bureau of Information for Nurses, established in coöperation with the American Nurses' Association, the National League of Nursing Education, the National Organization for Public Health Nursing, and the American National Red Cross.

The early history of this Bureau dates back to December, 1918, when the American Nurses' Association brought to the attention of the Red Cross the need for the establishment of a bureau of information for nurses, which would serve as a "central clearing house for the 20,000 nurses soon to be released from overseas and cantonment hospital service." Such a bureau, it was stated, would be of inestimable value to the various agencies interested in public health nursing, to hospitals, training schools, and other institutions now so greatly in need of nursing personnel. Since the Red Cross had been instrumental in mobilizing American nurses for military service, upon it rested the major responsibility for facilitating their return to those types of nursing work which most interested them.

At the joint meeting of the Boards of Directors of the three

national organizations of nursing, the plan was discussed and after formal presentation, later, the following organization was effected: 1. That the Red Cross open a Bureau of Information for Nurses, in co-operation with the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing, at the port of debarkation, New York City. 2. That the three national organizations might place representatives in this office to assist and advise returning nurses upon matters affecting the branches of service represented by these three associations. 3. That the Red Cross assume expenses of salaries, in part or in full, rental, equipment, clerical assistance, and management of this Bureau, with the understanding that should the Red Cross decide ultimately to withdraw, the three National organizations might continue this Bureau under their auspices if the need still exists. 4. That a small advisory council, representative of the three National organizations, be asked to serve in a purely advisory capacity until such time as the Red Cross might withdraw, at which juncture this Advisory Council (afterwards known as the Joint Committee of the Three National Organizations) should form a nucleus of a Board of Directors. At the same time, certain unfinished work of the Committee on Nursing of the Council of National Defense was also referred to this Joint National Committee. Among these items was the suggestion that a bureau of advice to returning nurses be established.

With this general organization, the Red Cross Bureau of Information for Nurses was opened February 10, 1919, at 44 East 23rd Street, New York City. The first months of its activity were spent in interviewing returning nurses. These personal conferences have "varied in number from eight to eighty in a single day, and the individual problems discussed have meant almost anything from securing a job to financing a liberal education," reports the chief of one Division, "and in our effort to accumulate the data and information necessary to prepare the Bureau to meet the varied interpretations of its functions and purposes, we have been forced to realize the vastness of detail which is required, and especially the rapidly developing importance of the Bureau in the relation of its functions to the entire nursing profession."

This Bureau of Information has grown to mean far more than an organization offering "jobs for nurses, and nurses for jobs." It has become a meter by which the general nursing conditions in all parts of the United States are registered, within the fields of public health nursing, of institutional needs, of student enrollment and general educational problems,—a field so broad that it cannot be comprehended without a detailed account of its actual organization.

The personnel of the Bureau of Information is made up of the Joint National Committee and the office staff. The Joint National Committee is composed of three members each of the three National organizations, viz., Clara D. Noyes, Chairman, Susan C. Francis, Secretary, M. Adelaide Nutting (representing the American Nurses' Association); S. Lillian Clayton, Annie W. Goodrich, Amy M. Hilliard, (representing the National League of Nursing Education); Mary Beard, Lillian Wald, and Ella P. Crandall (representing the National Organization for Public Health Nursing). The Bureau of Information is under the general direction of Florence M. Johnson, Director of the Department of Nursing of the Atlantic Division, American Red Cross. R. Inde Albaugh is Chief of the Division of Institutional Assignment, while Jane E. Hitchcock, succeeding Yssabelle Waters, is in charge of the Division of Public Health Nursing (representing jointly the National Organization for Public Health Nursing and the American Red Cross). The National League of Nursing Education and the American Nurses' Association expected to appoint a dual representative, but this has not yet been accomplished. The field, however, has been well covered by Miss Albaugh.

When a nurse's name is received by the Bureau of Information, either through personal interviews, from the Red Cross Division Directors of Nursing, or through general application, if she indicates an interest in any phase of public health nursing, she is referred to Miss Hitchcock's Division. Other requests, from that of a hospital superintendent to a prospective student nurse, are referred to Miss Albaugh. If the nurse, however, is undecided as to what branch of the profession she may elect, the activities of both divisions are presented to her and, after she has made a choice, information regarding her training and experience is collected, and her application papers are entered in the files for placement.

The record of accomplishment of the Bureau of Information during the past eight months has been a brilliant one.

The Division of Public Health Nursing. The activities of this Division have been divided like Gaul, into three parts: in collecting and disseminating information regarding the general field of Public Health nursing; in collecting and disseminating information regarding public health education, with special reference to post-graduate scholarships; and in referring qualified public health nurses to agencies desiring their services.

Demands for public health nurses which have been received by this Bureau offer an interesting study in geography. "In the early spring," states Miss Hitchcock, "we secured a map, and have been much interested in tracing out the flood tides of the work through the

country. In February, March and April we received many requests regarding the mountain districts in the south, and tried to get help to these very needy people. While we were still absorbed in this, the oil fields of the middle west came into notice. Representatives from Oklahoma, New Mexico, and Arizona told us how they needed nurses, and we set ourselves to studying the conditions in these fields, to ascertain the type of nurse who would be most successful there. Money seemed to be no obstacle, they were ready to pay any salary demanded, and when we mentioned that a public health nurse in the districts outlined by them would need a Ford, the gentleman to whom we were speaking quite scornfully answered: 'Oh, we'll not send the nurse out in a Ford. She shall have a real automobile!' Next, the Rocky Mountain country began to call for nurses full of wisdom and fortitude, who did not mind being alone or doing pioneer work in interesting towns and counties of Colorado, Wyoming, Utah, and New Mexico. New York State also sent in a clamorous call for county nurses, and the middle west has kept us peering at the atlas to trace out the locations of the various rural districts and cities in need of nurses."

From February 10 to September 15, three hundred and sixty-six different organizations have applied to this Division for public health nursing personnel. During March, thirty-two Visiting Nurse Associations alone asked for nurses. "Many of the requests," continues Miss Hitchcock's report, "come in wholesale. North Carolina wants twenty-one nurses for town and country work. The Tuberculosis Association of Springfield, Illinois, wants fifty; the State Department of Health in one of the middle western states puts in a modest request for one hundred and fifty public health nurses."

Balancing these organizations, 1,274 public health nurses, or nurses interested in taking up this branch of the profession, have enrolled with this Division of the Bureau of Information. Of this number 1,255 nurses have been referred to organizations, and while it is impossible to ascertain the exact number of nurses who were accepted for actual work or for training, since the nurses, in spite of constant urging, do not always report their final placement to the Bureau, undoubtedly many of these positions have been filled through this agency.

This Division also registers the general educational status in the field of public health nursing. "Now that there is so much agitation regarding the attendant nurse and her position in the nursing profession," Miss Hitchcock reports, "it is interesting to note that in public health nursing, the standard of preliminary training and experience demanded by the public is steadily rising. Letters come in from all parts of the country saying: 'We want a college graduate.' 'A nurse

to occupy this position must have had post-graduate experience, or a post-graduate course in public health nursing.' Again, 'If you should discover a suitable person who is interested, but who has not had the necessary post-graduate course or its equivalent, we will of course be able to extend to her a scholarship.' "

The statistics gathered by this Division show the preliminary education of the nurses enrolled here. Eleven per cent. have had only grammar school training; 20 per cent. have had college, normal, or private school education; 69 per cent. have had high school training (of this number over half are graduates). While all these figures are approximate, they serve to indicate the preliminary training of applicants. With reference to their preparatory work in public health nursing, 117 have had public health nursing courses while in their training schools; 75 have had post-graduate public health education; and 524 are experienced in public health nursing.

"The situation developed, that on the one hand we were pressed to fill vacant positions, or positions newly created in the public health nursing field, and on the other hand we had a group of nurses anxious to do this line of work, but handicapped by lack of experience. We urged organizations to postpone opening new districts or filling new positions until nurses could be fitted for the work. In spite of this there still remained positions in need of nurses, and nurses in need of positions. To meet the situation, we took as our guide the requirement of the Red Cross Bureau of Public Health Nursing of a minimum of eight weeks' experience with a well recognized visiting nurse association, and we addressed the prominent visiting nurse associations of the country, asking them if they would not, as a patriotic measure, give experience for eight months or a year, on a salary, to nurses desiring to enter this field of work. We received affirmative answers from about twenty associations, and have placed a large number of nurses with them."

This Division has been instrumental in interesting nurses in the Red Cross Scholarship and Loan Funds for training in public health nursing, which scholarships have been awarded to 247 nurses. 11,566 letters have been sent out from the Division.

The Division of Institutional Assignment. Three major activities have also characterized this Division of the Bureau of Information for Nurses, which receives all requests sent to this office except those relating to public health nursing. To Miss Albaugh come requests from hospitals for superintendents, for superintendents of the training schools, for night supervisors, instructors, charge nurses, general, surgical, operating-room, obstetrical, and children's wards, for office nurses, anaesthetists, laboratory and X-ray technicians, nurse

dietitians, housekeepers, floor nurses, and pupil nurses. The very unusual accomplishment of this Division is shown in the following record:

Total number of nurses represented in the files of the Division of Assignment, 2,333. Total number of vacancies represented in hospitals, 1,716. Total number of nurses placed in hospitals, 805. (This figure gives only the placements regarding which the Division has actual knowledge, that the nurses have definitely accepted positions. In this instance as well as in public health nursing, it is very difficult to get the nurses to report to the Bureau when they have accepted a position.)

In connection with this branch of activity, Miss Albaugh has also brought to the attention of the nurses the Red Cross Scholarship Funds for enabling nurses to take post-graduate training to become instructors in hospitals. Another interesting side line has been developed in connection with the War Risk and the Federal Board of Re-education, in order to prevent a few nurses from sacrificing the advantages accorded them by law.

"It is amazing," reports Miss Albaugh, "how little information or knowledge concerning these obligations have 'gotten over' to the nurses. This Division has been able to advise and to interest the Boards of Military Relief and Home Service in a large number of nurses who otherwise might have been thrown disqualified for life, perhaps, upon their friends or their own resources. For instance, a young woman was discharged from the service in April. While overseas, she had had pneumonia and was left with marked functional heart trouble. On receiving her discharge, she was advised by her commanding officer to qualify for laboratory work. She came to the Bureau of Information to secure a loan of \$100.00 and to obtain our assistance in arranging for a ten-weeks' course in laboratory work at Hunter College. While investigating this course, we were able to interest the Federal Board of Re-education in her case, and she was found to be eligible and in every way a qualified subject. Instead of a ten weeks' course, she will now receive a three years' training in this subject, including maintenance and allowance. Several other nurses have been put in line for similar compensation and re-education."

The second major activity of this Division has been student assignment. The Bureau of Information took over the student nurse enrollment of the Army School of Nursing, which consisted of the inquiries and accepted applications of many prospective students whose assignments had been interrupted by the signing of the armistice. "According to our records built up upon our correspondence with these prospective students," continues Miss Albaugh, "three hundred and six young women should enter training schools during the month

of September through the efforts of this Division. Should this number report, which is hardly to be expected, it would give us a total number of 398 assignments since the establishment of this Bureau, from a total of 477 applications. Two hundred and four training schools have applied to us for recruits, requesting a total of 1,478 students. While these figures are too uncertain in their material value to quote with any authority, they serve to demonstrate, in part, the need for active and organized effort to stimulate the attention of properly qualified young women to the needs of the nursing profession."

This Division has also been active in cooperating with Mary C. Wheeler in collecting information necessary to revise the list of Accredited Training Schools, as published by the American Nurses' Association.

In summing up the activities of the Red Cross Bureau of Information for Nurses, it is apparent that it has played a very important role during the period of demobilization, and that such a central office undoubtedly has a still more important part to play in the future, especially when American nurses will no longer be held together by military service. Institutions and public health agencies are still greatly in need of nurses. Such a bureau, moreover, offers opportunities of putting every nurse in the United States in personal touch with the general situation of the profession.

The Red Cross Bureau of Information still stands ready to help a nurse determine what her part shall be in the new era before us. Will she not write to it at once?

A WARNING TO SUBSCRIBERS

Pay no subscription money to an agent, unless you know who he is. Many nurses have been defrauded by a young man claiming to be a representative of the "American Promotion Association," which, so far as we know, is only a name.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

ENGLISH NEWS

The English news in the *British Journal* for October 11 is really new, or will be to many, though to others it does not come as a surprise. Those in nursing politics who have learned to know the deeper meanings of labor organization and to regard the labor movement as the great basic source of social life, have long regretted the lack of understanding on the part of many nurses of their kinship with this world movement, and a certain attitude of holding aside their skirts from it. But one's opinions are not new, therefore have been until now withheld.

A Trade-Union for Trained Nurses is now under way in Great Britain, of which the following very interesting details are taken from the *British Journal of Nursing* for October 11, 1919:

The movement is initiated by working nurses who have not heretofore been active in nursing organization. It has been spurred into being by the numerous oppressive and intolerable conditions to which large sections of British nurses have long been subjected, and it will work for State Registration, a minimum wage, and regulated working hours. It will not necessarily use the weapon of the "strike," which is, in all trades-unions, the least prominent part of their coöperation for social progress, but it will, of course, have the direct and powerful support of the great Labor Party of Great Britain, which, unlike ours, is a part of the Government and political structure of the realm. The *British Journal of Nursing* enumerates the various "offensives" against nurses which have driven them to this action in defense.

1. The enforcement by the Army Nursing Board of the so-called "Serf Clause," which gave dismissed nurses no power of appeal.
2. The indignity suffered by nurses during the war in being placed under the control of untrained volunteer commandants, who often had the title of "Matron" (head of a hospital and directress of nurses).
3. The many instances of Volunteer Aides being placed, through social influence, above trained women in actual nursing work.
4. The insult offered to the whole profession by the appeals for a "Nation's Fund for Nurses," which was conducted on lines of most offensive charity.
5. The effort to remove the representative of the Royal British

Nurses' Association from the Central Midwives Board, though many trained nurses hold a midwifery certificate.

6. The complete exclusion of the nursing profession from the Consultative Councils appointed by the Ministry of Health.

7. The way in which the Nurse's Registration Act was wrecked in the House of Commons by the influence of employers working through the College of Nursing, Ltd., (Limited).

We agree with English leaders in holding that these grievances have logically and inevitably forced British nurses to ally themselves with Labor in self-defense, and we offer them our sympathy and good wishes.

FAMINE THREATENS MILLIONS IN THE NEAR EAST

The desperate situation of the remnant of the Armenians which has survived Turkish cruelties is described in a cablegram sent to the Near East Relief Headquarters by C. V. Vickrey, executive secretary of that organization, who has just concluded a tour of Western Asia. His cablegram says:

"Have just returned from interior of Caucasus where million christian refugees and other Armenians have reached state of destitution that beggars all description. Most of able bodied men have already perished fighting for Allied cause. Remnant chiefly women and children are surrounded by hostile Turks, Kurds and Tartars and face almost certain extermination this winter unless help on a large scale comes from America. These people universally recognized in normal times as the most thrifty, industrious and prosperous people of Western Asia have now been for four years exiled or fugitive from their ancestral homes. Their last vestage of negotiable property has been sacrificed for food and protection. Repatriation this year is utterly impossible. Turks still hold their homes. Attempted return means death. Thousands of women and children have but a single garment to cover their nakedness and to protect them from the bitterly cold winter on the high plateaus around Mount Ararat. Empty flour sacks bearing names of well known American firms are improvised as clothing for children. Rags are used as shoes. All flour and food staples now come through Armenian relief but total supply in prospect will last only few weeks at most. Hundreds of tons of cast off clothing from America could be used immediately. Thirty thousand tons of foodstuffs in addition to present supply must be provided or this winter will bring the greatest harvest of death from famine that has yet been known by this martyr nation."

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF
EDNA L. FOLEY, R.N.

Collaborators: Mrs. Helen C. LaMalle, R.N., and Mary A. Mackay, R.N.

A PILGRIMAGE TO THE SHRINES

August 15, 1919. To-day is a national festa, the feast of the Assumption, and no one is working, not even the museums, as we learned to our sorrow when we started out to explore the cloisters of Santa Croce, where we had heard there was a statue of Florence Nightingale. The guard looked at us impersonally, removed his spectacles and uttered one word, "*chiusa*," (closed). As we looked blank he grew a little more loquacious: "*Oggi festa aperta domani*." (To-day is a holy day; open to-morrow.) In halting Italian we explained that to-morrow would see us in Rome and that we had come to visit the shrine of the celebrated "*donna Inglese*," Florence Nightingale. He may have suspected that we were willing to pay for the privilege, but we think that he saw my Red Cross pin. However they may regard our statesmen, the Italians love the *Croce Rossa Americana*, and the newspaper was discarded, the spectacles pocketed, and the door opened into the famous cloister of old Santa Croce or the Franciscan church of the Holy Cross.

The memorial is in the western wall, to the right as one enters, just a few rods from the gate. The rather small statue of Carrara marble is set in a niche in the wall, and is surrounded by an oval frame of gray composition, carved in rather high relief. The pose is that of a person caught in passing, the head inclined down a bit as if a patient were just beneath, the old Roman lamp lifted to prevent even its faint rays from disturbing his rest. The lines of the drapery suggest a vestal Virgin or a night watcher, momentarily arrested while making her rounds.

The gentle face, the really beautiful hands, the restrained but graceful draperies, all combine to make a slender, lovely figure, appealing alike in its simplicity and strength. The face is not a portrait, the draperies are certainly not the ugly mid-Victorian-period dress in which she is always depicted, but the whole effect of the pose, the lamp and the draperies expresses the spirit of the patron saint of good nursing as the world pictures her and as she must have appeared to the pain-racked soldiers of the Crimea. On the small flat pedestal are two Latin words, *Horam Mescitis* (In the hour of necessity). Set

NG

R.N.

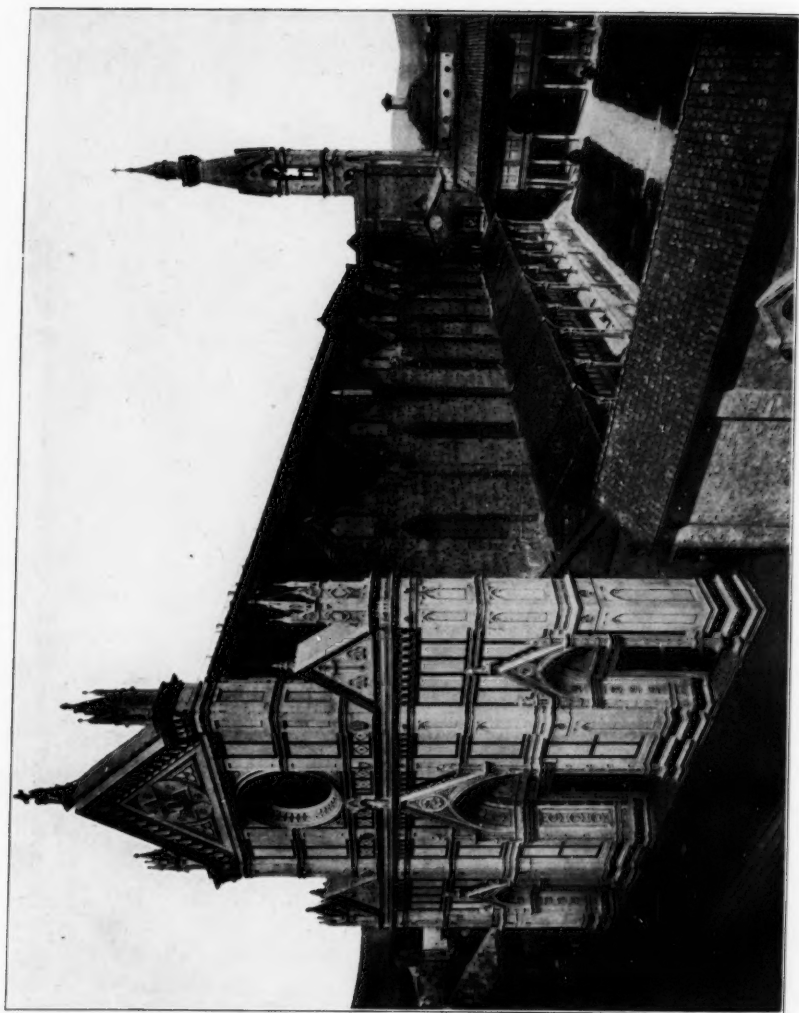
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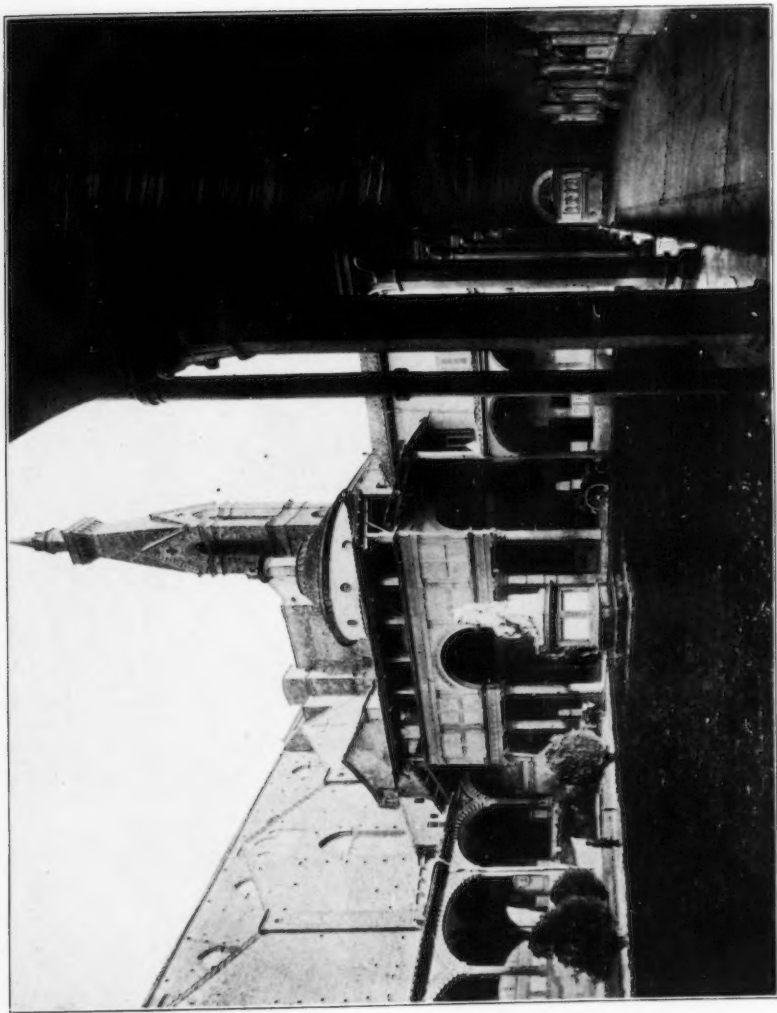


Statue of Florence Nightingale in the Cloister of Santa Croce.

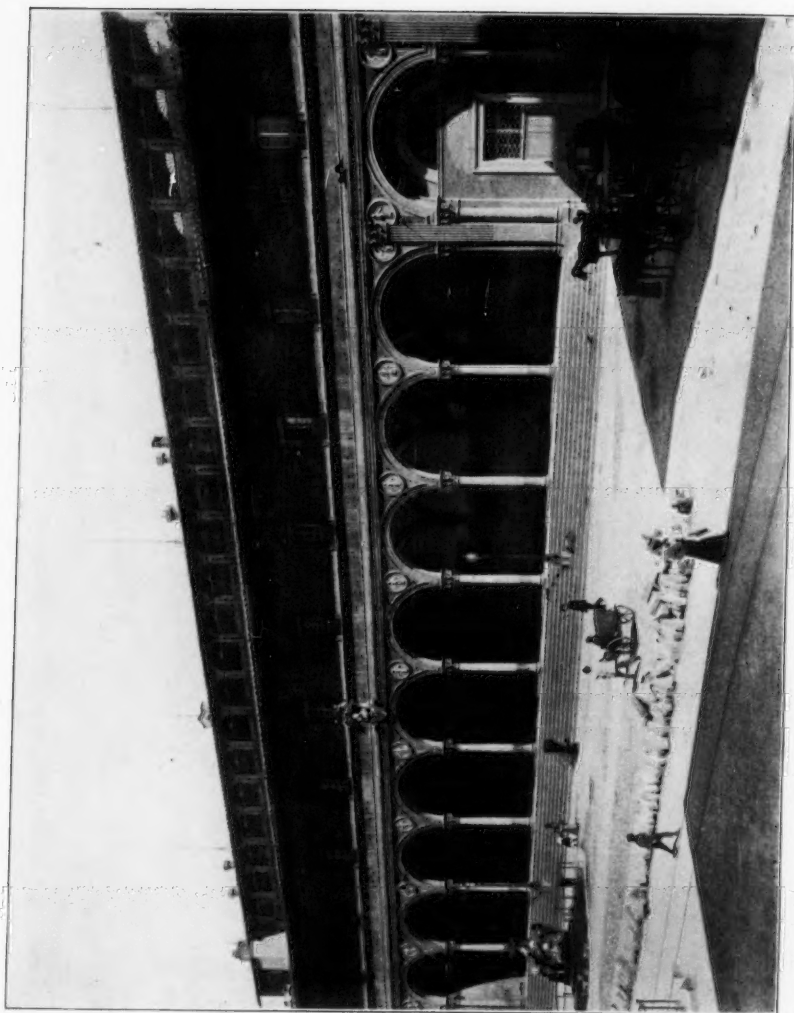


Church of Santa Croce, Florence, Italy

Church of Santa Croce, Florence, Italy



Cloister of Santa Croce, showing tower, Pazzi chapel, and one aisle. Statue is not in the picture; it faces the chapel on the opposite side of the court.



Foundlings' Hospital, with Famous Della Robbia Medallions.

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in the wall just below the frame is a marble tablet in which is carved the following inscription:

FLORENCE NIGHTINGALE

MDCCCXX

L' Eroina di Crimea

MDCCCX

La Signora della Lampada come la chiamarono i soldati che La ebbero Infermiera Mirabile—nelle notti di Spedale angosciose e fin d'allora Animatrice—con la virtù del esempio—a quell opera voluntaria di pietà internazionale che poi fu la Croce Rossa—ha nella sua Firenze dove nacque e ne porta il nome gentile questo ricordo di venerazione e d' affetto.

A very free translation of which is,

1820

The Heroine of the Crimea

1910

The Lady with the Lamp, as she was called by the soldiers who had her, the wonderful nurse during the nights of anguish in the hospital, and more than that, the one who, by the force of her example in this voluntary international service, inspired the work that later was to become the Red Cross, is thus commemorated with veneration and affection here in Florence, where she was born and whose name she bears.

The walls and floors of this fourteenth century cloister are thickly covered with memorial tablets, bas reliefs and statues. The Nightingale statue is a bit overshadowed by the very large memorials on either side; the one on the right commemorating the brave patriots who died for freedom and United Italy on the fields of San Martinó, Solferino and Custoza. Across the cloister is the unique Pazzi chapel of hideous memory, with its beautiful Della Robbia medallions in white on blue, and its frieze of lambs and cherubim. In the old church with its startling 19th century facade of black and white marble, are monuments to many of the great Florentines: Dante, Michael Angelo, Galileo, Machiavelli, Alfiere and others, for Santa Croce is really the Westminster Abbey of Florence. The presence of this statue in its already crowded cloister, is in itself a tribute to the life work of another famous child of Florence.

The statue is the work of an English sculptor, F. W. Sargent, and was given by British residents. It was unveiled December 5, 1913, by Sir Rennell Rodd, the British ambassador to Italy.

In the afternoon, we drove up to the Villa Columbaio on Bellosguardo, where Florence Nightingale was born, May 15, 1820. The villa is surrounded by a high stone wall, as are all the homes in that neighborhood, and is a low, rambling, two-storied house, yellow stuccoed with a red tiled roof. The house is not particularly imposing, but it faces a beautiful lawn plot from the farther edge of which, an avenue half covered by arching vines and trees gives one a framed view of the big red dome—Brunelleschi's masterpiece—of the cathedral of Florence. The first glimpse suggested a similar view of

Michael Angelo's great dome of St. Peter's which one gets, framed in an avenue of cypress trees, from the key-hole of the gateway into the Knights of Malta's monastery on the Arentine. The concierge of Villa Columbaio was more hospitable than the old knights, however, for he did not demand a pass—and he refused a tip. As we walked down the avenue between its stately rows of evergreen trees, we discovered that it ended in a terrace from which one gets a most wonderful view of Florence and the Appennines beyond, one of the most appealing, beautiful panoramas in Italy.

Many tempting little shady paths led off from the avenue; in fact, the estate needed hours for its enjoyment and exploration. It was in German hands for years before the war when it was, of course, confiscated and later was used as a hospital for convalescent soldiers. Although it was a fairly long drive after we left the Porta Romana and wound up the steep, wall-enclosed Via di San Francesco, the beautiful estate and glorious view, as well as the sentimental interest of such a journey, made us feel that we had spent our festa to good purpose, though had we known the exact address, 2 via Margnole, Bellosguardo, we should not have courted heat prostration so assiduously.

SOME SCHOOL NURSING PROBLEMS

By Mary A. MacKay, R.N.

Many of the rural school nurses are weighing and measuring the school children in connection with their physical examinations. Some nurses carry small scales in their cars, others have been able to persuade school directors to buy scales and some nurses let the children weigh themselves once a month at the nearest grocer's. The attractive Class Room Weight Record published by the Department of the Interior, Bureau of Education, Washington, is used. Many children are found to be under weight and these facts are being used as an argument in favor of the hot school lunches. "The Diet of the School Child," also published by the Department of the Interior, is being distributed to the parents and teachers. Hot lunches are rather a problem in many schools, because the heating stove is on the order of a furnace, and cannot be used for cooking. Many teachers use oil stoves, which are fairly satisfactory. Some have sufficiently large cloak rooms to hold a small cooking stove and cabinet with dishes, etc. The girls of the higher grades do the cooking.

If any of the readers of this Department have solved this problem, will they not write their solutions and, if possible, send photographs?

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF
ALICE SHEPARD GILMAN, R.N.

THE CAFETERIA AT BELLEVUE TRAINING SCHOOL FOR NURSES

BY KATHERINE DE LONG
Director of the Residence

Because of the difficulty in securing waitresses, and the growing shortage of employees in the serving rooms and elsewhere, it was thought that a cafeteria system might help solve the problem of serving our four hundred nurses, three times a day. It did. Early in September, 1918, a temporary cafeteria was put in operation in the Nurses' Residence at Bellevue Hospital. It proved so satisfactory from all viewpoints, that plans to make it permanent were decided upon.

We were fortunate in having a room adjacent to the dining room suitable in size, shape, and location for our new cafeteria, which was completed and opened May 5, 1919. By using this room, we placed the service nearer the kitchen and relieved the previous congestion in the pantry, leaving that room entirely for dish washing during the serving of meals.

Our preparation, alterations, installation, etc., included tiling the walls and floor, making two doorways into the dining room, placing the equipment, and connecting the same.

Our equipment is very simple, but the best quality, and includes: Monel tables for cold and hot food; glass shelves over the cold table; heated cabinets; and shelves above and below the hot table; a steam table, the top of which is monel metal cut out to receive the following receptacles, 2 monel meat plates with monel metal revolving covers, 3 solid porcelain gravy jars with monel metal covers, 8 solid porcelain soup and vegetable jars with monel metal covers. A space of two feet is left between soup and vegetable jars, from which to serve.

We have also one set of coffee urns, consisting of two 12 gallon coffee urns, one 25 gallon water urn heavily nickel plated. The water urn is elevated above the counter so that the space between the urns may be used for serving. The interior of the urns is of porcelain enamel and is very beautiful, but not economical, as it cracks so easily. Steel enamel is just as sanitary; it is more durable, and the initial expense is much less. We have also 1 cocoa urn, nickel plated; milk

urn; 1 set of Lyons combination dispensers. This combination consists of 3 individual urns of 5 gallon capacity, set in cooling tanks.

Over the entire counter, upon which the equipment is placed, is a hood constructed of galvanized iron, fitted with panels of wired glass. The top has an opening with ventilation pipe attached, running to the ceiling and along the ceiling to a point close to a ventilation fan. This arrangement keeps the cafeteria free from steam, delightfully cool, and splendidly ventilated. Other equipment in the cafeteria is a large refrigerator with cold storage connection, to receive fruit and salad, and large sinks with running water for the preparation of fruit.

In regard to advantages of economizing in food and labor, we can state that practically all waste of food, except that which comes from the individual plates, is eliminated. The food left at the cafeteria table is in much better condition than what was previously gathered from the numerous dining room tables.

Invariably institutions claim a reduction in labor; assuredly shortage in labor is less felt with this system, but we would not exaggerate its advantages in this respect. For a time we managed with much less help than we had under the old system, because we could not secure it, but at present we are readjusting the work so that although the dining room staff is small, our old efficient and reliable waitresses serve at the cafeteria table.

Prompt attention must be given, when so many nurses come from duty at a certain time, to prevent standing in line to procure service. It is possible with this system to serve a line of two hundred nurses in fifteen minutes. The nurses are required only to secure tray, flat silver, and desired food, to take the tray to the table, remove service from it, and leave the tray on a side table. Our waitresses keep the tables cleared of soiled dishes. One maid can attend to from seven to nine tables, but she must be provided with a carriage to convey soiled dishes, silver, trays, etc., to the pantry.

We are decidedly in favor of the cafeteria system. The management is simplified, confusion and waste are eliminated, prompt service is insured, and the uncertainty of employment is minimized. The general local comment is gratifying and we see no drawbacks to a well organized and conducted cafeteria for serving nurses. To the nurses it means quicker service and hotter food; to the employees, shorter hours, less laborious and more interesting work.

In closing, we would like to mention that we are indebted to two members of our Managing Board for this beautiful cafeteria.

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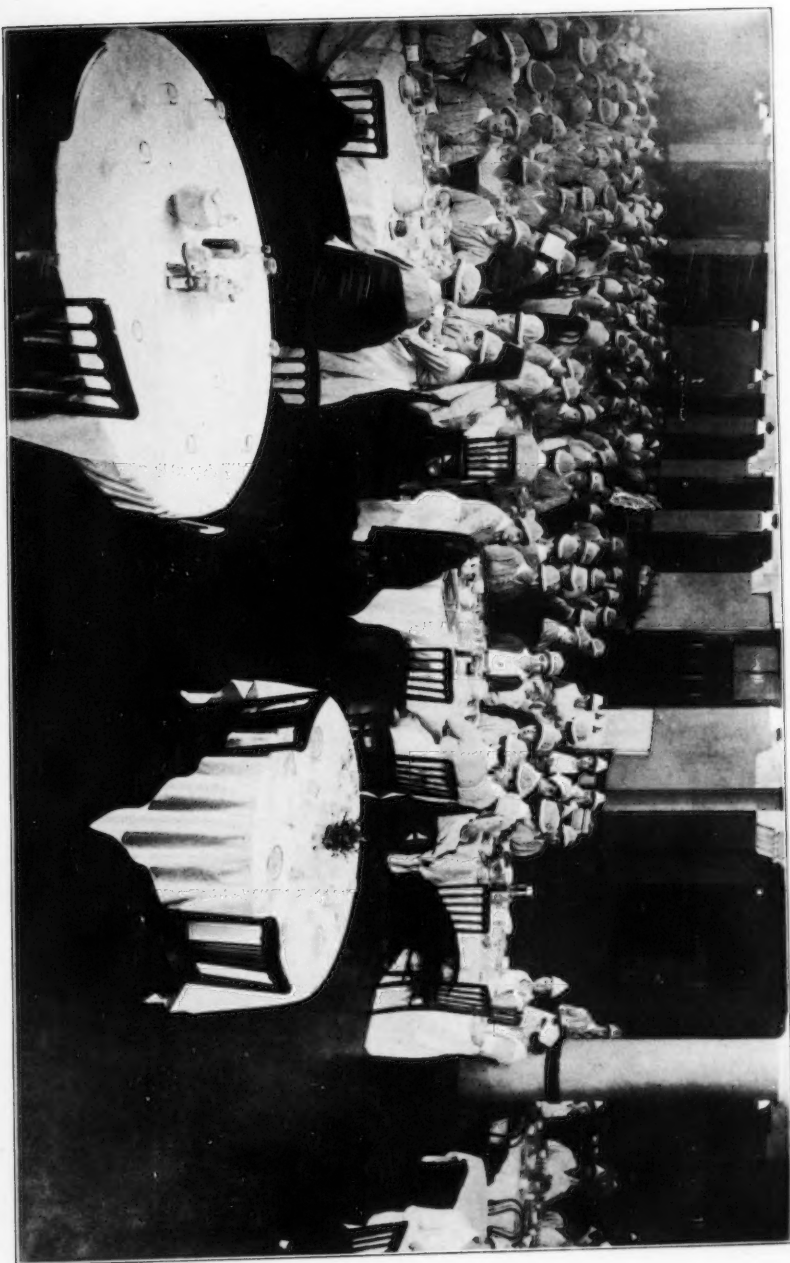
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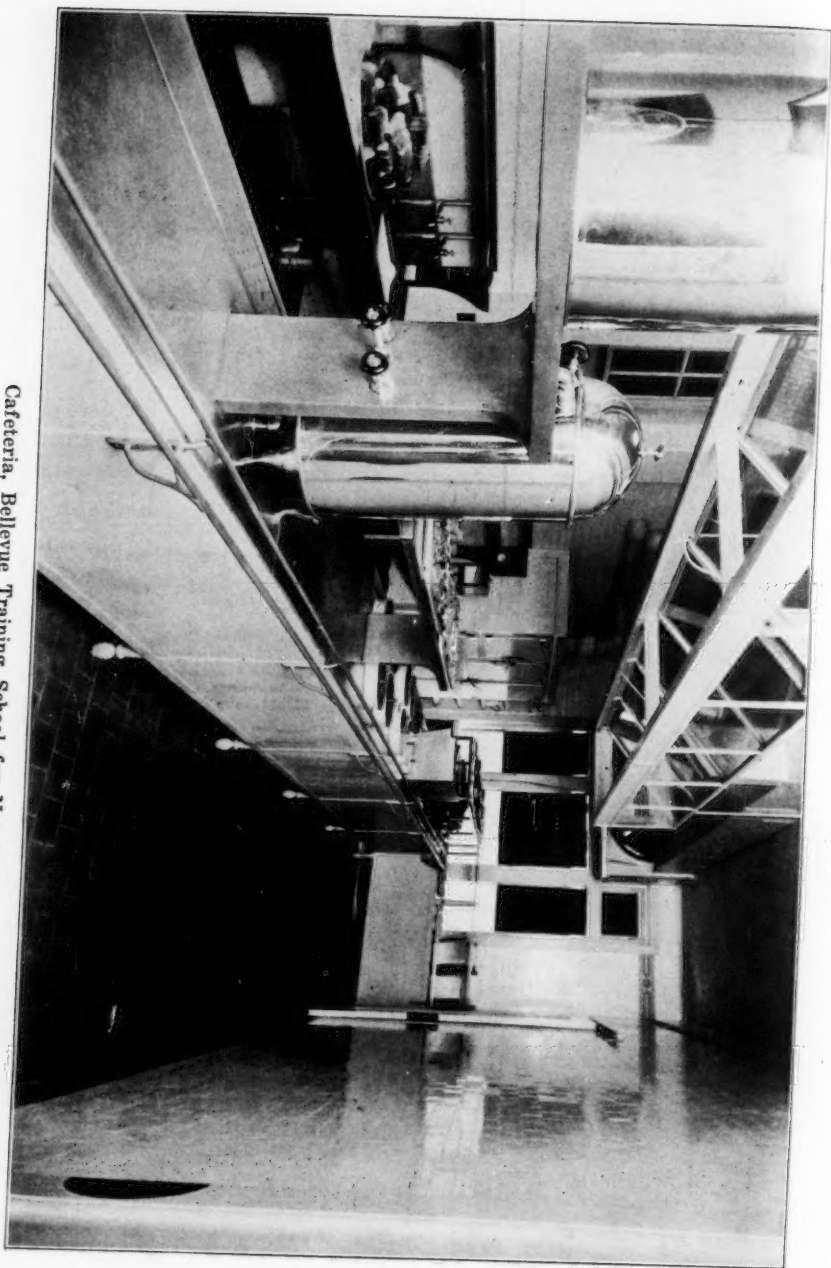
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Dining Room, Bellevue Training School for Nurses.



Cafeteria, Bellevue Training School for Nurses.



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NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

STERILIZING CATGUT SUTURES.—*Surgery, Gynecology and Obstetrics*, commenting on the sterilization of catgut sutures reports some experiments. Strands of catgut, in the sizes commonly used by surgeons, were heavily infected with three different species of sporulating bacilli, thus producing a more severe infection of the sutures than would occur under ordinary circumstances. The sutures were placed in tubes filled with toluol and subjected to a temperature of 165 degrees C. for five hours, after the tubes had been sealed. None of the sutures showed the presence of any living organism upon being tested.

POST-OPERATIVE ANALGESIA.—*The Journal of the American Medical Association* in a report of a meeting says post-operative analgesia means a painless convalescence for surgical patients. Four factors are scopolamin, morphine, anesthesia; large enemas, four or five quarts, given half an hour after operation and retained; frequent minute doses of scopolamin—morphine at regular intervals after operation, continued for 24 or 36 hours; the use of sharp instruments, avoiding blunt dissection; sponging gently and infrequently; a comfortable position for the patient, with relaxation or support as needed for the traumatized part of the body.

PROPHYLAXIS OF INFLUENZA.—Persons who have had this disease are advised to look out for bad tonsils, or any other infection, for that is a weak spot. Vaccine properly given is considered a wise protective measure. People should avoid public assemblies, keep themselves in good general health and avoid exposure. Rest in bed, not too much fresh air, and a building up treatment are recommended.

ULTRA-VIOLET RAYS AND VITAMINS.—*The Journal of the American Medical Association* says there is no doubt these invisible light rays have more action on protoplasm than the visible light does. Sunburn illustrates what ultra-violet rays can do. Diphtheria toxin is readily destroyed by them, though it is more difficult to render the antitoxin inert. Butter exposed for eight hours to these rays undergoes a very noticeable change, the fat soluble vitamin becoming inactive. The sterilization of milk by this means gives it a peculiar taste and may impair its nutritive value as an infant food.

CARE OF THE EYES.—A writer in *Public Health* says the adjustment of the frames of glasses is as important as the correct strength

of the lenses. Properly prescribed glasses may fail to remove eye strain because of faulty adjustment of the frames.

CONSTIPATION AND CATHARTICS.—In an article in the *Journal of the American Medical Association* it is said that the day for routine purgation is passed. Its use before operations, during the puerperium, in dropsy and uremia is deprecated. Sufferers from a weak or diseased intestine, or a weak constitution, who need habitual catharsis—just as a person with weak ciliary muscles needs eyeglasses—should have a cathartic prescribed for them with as much care to fit them properly as in the case of eyeglasses. An habitual pill need not be given daily. A movement every second day is usually sufficient.

THE HOSPITAL AND THE COMMUNITY.—One of the trustees of the Massachusetts General Hospital, Boston, in writing on the duties of the hospital trustee says charity is a gift in trust for promoting the welfare of the community. It would be uncharitable to deny either rich or poor the benefit of hospital treatment. There should be a building for people of means with their accustomed luxuries, a less luxurious and expensive one for those of moderate means, and a third building for the poor. All should receive equally skilled medical and surgical care. He also states that hundreds of would-be patients who are suffering untreated because they cannot afford the cost, must be treated in a hospital, paying moderate fees to their medical advisers.

WEANING.—The *Pennsylvania Medical Journal* recommends beginning weaning with a cow's milk mixture considerably weaker than would be given to a healthy baby of the same age. Half the strength would be a wise formula; if this is well borne, it can be gradually increased. Avoid weaning during hot weather. If possible wean slowly, beginning with one bottle feeding a day. In four days, a second bottle can be given, the breast feeding being gradually discontinued. In any case if the mother's milk is insufficient, cow's milk should be given in addition. At nine months, a baby may be given a bottle feeding once a day to train it to digest cow's milk, even if it is thriving on breast milk.

MARKING VARICOSE VEINS FOR OPERATION.—*Surgery, Gynecology and Obstetrics* suggests brilliant green or aniline dye in an aqueous solution for this purpose. The veins should be marked out the day before the operation and allowed to dry before the clothing touches the skin. At the time of the operation they can be painted with iodine, as the green intensifies almost all colors. The stain requires some weeks to wear off.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to ensure publication.

A "BREAD AND MOLASSES" ENEMA

Dear Editor: On a recent case, on the night of my arrival, the doctor ordered a "bread and molasses" enema. As I had never heard of a bread and molasses enema, I decided it was a mistake and gave milk and molasses. The doctor next morning said he meant bread and molasses, and as he could not tell me the proportions, how to prepare, or the apparatus needed for giving it, I am writing you for information which will be greatly appreciated.

Massachusetts

L. M. M.

NEED FOR THE INTERSTATE SECRETARY

Dear Editor: Many nurses would appreciate information regarding the different nursing associations. Strange as it may seem, it is a fact that there are many nurses who do not know whether they belong to the American Nurses' Association, and have no idea what relation the county or district associations bear toward each other. They know they belong to their Alumnae, but no more than that. Also the Nurses' Relief Fund,—that, too, is like a strange language to many. I have taken measures to inquire regarding this subject, and I was indeed surprised to learn how few really knew anything about the different associations; the one thought seemed to be that the American Nurses' Association had something to do with THE AMERICAN JOURNAL OF NURSING. If you would publish an article sometime, giving information on this subject, I am sure it would be appreciated, for the JOURNAL is one issue in which all nurses are interested.

A. G.

PRIVATE DUTY NURSING

Dear Editor: The article of Mary Martin Brown, in the October JOURNAL, has shown a large part of my twenty years of nursing. I have a number of my patients with whom I correspond, whose children are married. I worked hard, and even saved lives which the doctor had pronounced past help. I answered calls where families were not financially able to pay high prices, but where the doctor would say they needed good nursing, yet I was called by some sister nurses a "cheap nurse." I met two devout Bible readers who said they would rather do nothing than go for less than \$25.00 per week, and that was more than twenty years ago, during the Spanish War. Can that be called true, helpful and religious work? I have had various experiences, tragic, comic, sad; all had their interesting points. Had I not been tied with home duties I would most gladly have offered my services for this past war. I read the JOURNAL with great interest although I may never be in active work again.

Florida

M. C. B.

COMPENSATION AND THE "EIGHT-HOUR DAY"

Dear Editor: I have listened to, and joined in, so many discussions lately on the subject of pay for nurses, it seems to me neither they, nor the public is getting a square deal. As things are at present, a nurse is paid the same flat rate of \$5 per day, whether she is on duty twenty-four hours, twelve, or even less. The public is nearly always required to employ two nurses, if service is required at all during the night, few nurses being willing to take what is known

as twenty-four-hour duty. Often the nurse is only required to sleep in her patient's house, to be called if needed; then again she may be on duty twice or oftener during the night. If the latter continues for some time, the nurse soon feels the strain; should she not receive more pay than the nurse on twelve-hour duty? A patient cannot always afford two nurses, though so situated as to need one within call. Graduate nurses are now talking of an eight-hour day. What will that mean to the public, \$15 per twenty-four hours? One solution of the difficulty might be the employment of eight-hour nurses at a stated sum per hour, twelve-hour nurses at the flat rate of \$5, and twenty-four-hour nurses paid additionally, according to the number of times she is called at night. This schedule would allow nurses a chance to work hard for more money, and those who wish the shorter hours would receive less remuneration. It might also educate the public to realize that twenty-four-hour duty should be paid for at a higher rate, and enable considerate people to have a nurse within call without paying \$10 for twenty-four hours. Expert mechanics are paid for time, and overtime, why not the expert nurse?

New York

A. B. C.

THE EIGHT-HOUR DAY IN TRAINING SCHOOLS

Dear Editor: The necessity and advantages of an eight-hour day for nurses in training are under so much discussion at the present time that all who have to do with training schools are putting forth every effort to a solution of this problem. In many instances it is a difficult one, and as we have solved it in quite a satisfactory manner, we are offering to the readers of the JOURNAL the ways and means adopted by us, hoping that the suggestions may be of help to superintendents who are planning to adopt a similar schedule. Many objections are raised from various sources, chief among them being the additional number of nurses required, the inefficiency of the nursing service resulting from the frequent changing of nurses, and the inconvenience caused by the irregularity of meal hours for the nurses. In regard to the first objection we find that but few nurses are needed in addition to the present number in training and these we supplied by employing from one to three graduates, as occasion required. Ours is a two hundred-bed hospital, with a daily average of one hundred and forty patients. Our nurses in training number forty-five and the successful adoption of an eight-hour day with that number seemed almost impossible, but we were willing to try, and this is how we did it. We have eleven departments composed of one exclusively medical, one exclusively surgical, four medical and surgical combined, a children's department, a maternity department, a nursery, the operating room and the diet kitchen. We established the new schedule for nurses in all departments except the operating room, where it was impracticable with the usual allotment. Nurses in this department are still working a nine-hour day with a half day weekly and every alternate Sunday free. In all departments except the maternity, nursery and diet kitchen, we have one nurse working from 7 a. m. to 3 p. m.; one from 3 p. m. to 11 p. m.; and one from 11 p. m. to 7 a. m., the latter being the regular night nurse. In the maternity department and nursery we have two nurses working those shifts, the work there being heavier. To supply sufficient help during the busy hours of the day we have a broken shift, from 7 a. m. to 12:30 p. m. and from 4 to 6 p. m., which takes care of the morning and evening work and the serving of trays. To meet a special requirement in two departments we have a relief shift, the nurse working from 7 to 11:30 a. m. in the one, and from 7 to 10:30 p. m. in the other. In the diet kitchen we manage by supplying a lay helper who relieves the two nurses weekly, in turn, at 12 m.

On alternate Sundays these nurses are free from 9:30 a. m. to 4:30 p. m. to make up the extra working hour on week days. By careful thought and planning one can see how, by the rearranging of hours to meet special needs in the various departments, the work can go on smoothly and well. In answer to the second objection we can say from experience that the nursing service is not less efficient, for all nurses keep the same shift for a period of four weeks and remain in the same department for at least the same number of weeks. To obviate the irregularity of meal times, the nurses' meals are served at the usual hours, breakfast 6:30 a. m.; lunch 12:30 p. m.; dinner 6 p. m. The night nurses have breakfast at 7:30 a. m., as heretofore; dinner at 6 p. m.; and lunch at mid-night. The nurses working from 7 a. m. to 12:30 p. m. and 4 p. m. to 6 p. m. are at their meals at the regular times. The nurses working from 3 p. m. to 11 p. m. may sleep late if they do not care to rise for breakfast and at 9:30 hot coffee and toast are provided for them in the dining room. They have lunch and dinner at the usual times. This arrangement means but little inconvenience for the kitchen force. On the whole we have found an eight-hour day advantageous in every respect. Concretely, it results in more efficient, practical work from the nurses, because of the added time for rest and recreation; much better work in the class room on account of a daily hour of supervised study, made possible by the shorter working hours; and finally a more contented spirit generally in the training school. All classes are attended during the nurses' hours off duty, owing to the willing coöperation of the instructress. In concluding we would say that with good will and coöperation on the part of every member of the hospital personnel, an eight-hour day can be established in every training school throughout the country.

Utah

SISTERS OF THE HOLY CROSS.

RANK FOR NURSES

I.

Dear Editor: Rank for Nurses! For the benefit of those who may volunteer again, I'll do all I can to help obtain it. But as for myself, I don't think even rank will be any inducement. Never again will I be willing to endure, or see nurses humiliated as they were before. On duty we were given responsibilities which any nurse would be proud to shoulder, but when off duty we were treated as kindergarten pupils. We were not even allowed to invite an officer or civilian into our living room,—no, not even on the porch. We either walked civic center streets or took them to the "Y" hut. On moonshiny nights we had the sagebrush and railroad to rest on. On the wards we had very little authority. If the nurse were a smiling, baby-faced one, she got along fairly well, but a strictly business woman was, so to speak, "up against it." For instance, a nurse couldn't get the garbage emptied daily. She reported the matter to every one in charge from the ward-master to the O. D. without any result. Finally she took the matter to the assistant chief nurse, and she, not caring particularly for the nurse, had her removed for want of executive ability. Another nurse, after taking typhoid serum, lost weight steadily. She was put on the tubercular ward, and despite the fact that she was nervous and under weight, the chief nurse refused to even have her examined, saying it was unsubordination. She was kept there from June to December. That nurse to-day is a positive T. B. and the army is not taking care of her. Every nurse knows what the examination consists of on being discharged. The examining officer merely listens to your heart, and you sign a paper stating that you have been in no way impaired in health since entering the service. What can you do? Your trunk is at the

station, transportation is made out, and to resist in the army,—every one knows what that means. The nurses in the A. E. F. had it much harder than we who stayed home. When I read their letters telling that the mud and water stood in their sleeping quarters, and that they had to do their own cooking and serving of their meals, because only officers were allowed K. Ps. and orderlies, it made me wonder why we suffer so much for a government that gave its most loyal and efficient workers so little consideration. If rank will alter these conditions, let us have it by all means. I am sure that all the nurses join me in thanking the Red Cross for all its many kindnesses to us while in the service. Without its aid we surely would have wanted for a good many necessities. Especially do we wish to thank them for the lovely recreation building. Although we were not allowed to use it for any social purposes, that was no fault of theirs. This is where the pupil nurses came ahead of the graduates. When the graduates asked permission of the chief nurse to invite their friends into the building, they were refused. When the pupil nurses came, it was turned over to them to use as they pleased. Look ahead, nurses, and alter these conditions, for you are going to be needed again.

Mississippi

R. K. H.

II.

Dear Editor: Why worry just now about "Rank for Nurses" when those of over here are longing with every nerve taut, and our hearts aching to get home. Many of us signed for "the period of emergency," coming into the Army without the medium of the Red Cross. We are told our service records are made out for three years' service and nothing can be done about it. We are tied against our will, as we did not want service after the war is over. Many of us left hospital positions and some left people at home who are waiting anxiously for our return. Red Cross nurses have wept to stay, while we wept to go home. Three-year Army nurses who are willing to stay, are sent home. We have asked and no notice has been taken, so far as we can see. All the rank in the world would not help us, and as far as we can see, no one cares. I, for one, ask only to be treated as an American woman. At least, nearly as well as a "Y" worker or a Red Cross canteen worker. I have many times been submerged in a cloud of dust while an officer whirled by in a seven-passenger car, or a group of smiling "Y" women were starting out on a picnic or sightseeing trip. We have suffered so much humiliation at the hands of the officers that if I were doing private duty again I should hesitate to take a case of an ex-army medico, and, having worked with army officers before, I did not put myself in their way to receive any more rebuffs than I could help. But—what is the bill? Does it make the Army standard any better? Some of the most wonderful women I ever knew were the old Army nurses. Some served in the Spanish-American War, again in Panama and again in France. To me, they were women well worth knowing: untiring, conscientious, good nurses, who could smile through hardships, and they could wear a uniform without lace collars and white spats, yet they could dance and serve tea as well as any, should occasion require. Yet constantly did we hear of the poor standard of army nurses, from the Red Cross Reserve. So let us not have rank until the Army standard is of the very best in the whole world and until the nurses who enlist can live up to it. Last but not least, I wish to say something of the work over here. To me, as to many others, it has been wonderful. Humiliation or lack of rank,—nothing can ever mar the pleasure we have found in caring for as brave a soldier as ever has been. Their appreciation and the courtesy they have shown the American women can never be forgotten. To us, who for some years have catered to pampered

people for a sum of money, it has meant much to have known the American boys over here. Whatever we did was so keenly appreciated, and whether on the ward or on leave or at any social gathering, we were always sure of absolute courtesy from the enlisted men. God bless them! I am open to conviction, and in a vague way seem to see that rank might better matters, but I want to know more about it first. And I am willing to be interviewed; also very willing to ask any Congressman to vote for "Rank for Nurses" when once I understand it fully. Should I ever get home again I shall try to be better informed. Just now I cannot sleep, eat, or work without thinking of home. There are others like myself.

France

M. M. M.

III.

Dear Editor: I have been much interested in reading letters and discussions on Rank for American Army and Navy nurses, and am more than surprised to learn of the apparent friction existing between nurses and officers; the fact that the complaints seem to be mostly against the officer and not the enlisted man, strikes me possibly as having been a matter of jealousy. Perhaps the medical officer does not comprehend that rank for the nurse does not necessarily mean trespassing on his territory or his dignity. Although an American citizen, I had the privilege of serving three years with the Canadian Army Medical Corps, and cannot help but compare the standing of the nurses in the Canadian service,—the nurse holds the temporary rank of lieutenant, and has all the privileges of an officer, for such she is. They are called Nursing Sister and draw full pay and allowance of lieutenant. They are, of course, subject to the same military discipline and punishment as the brother officers. There is an *esprit de corps* between the whole corps, as a rule, that is good to see. Every one knows just where they "fit," and do not try to make life miserable for the "under dog." Of all the mixture of British Tommy, Anzac, Scottie, Irish and Canadian soldiers with whom I have come in contact in France and England, never have I known of anything but respect and loyalty to "Sister." They seem proud of the fact that she holds a commissioned rank, and it is no hardship for them to obey her wishes and salute smartly when occasion to do so arises. The holding of rank for the nurse places her in a position of respect demanded by her professional training and efficiency, and assures the immediate and unquestioning obedience to her wishes and instructions. Whether or not her orders are executed cheerfully depends, of course, upon the personality of the nurse. Of course, we do meet with the "impossible" class of ignorant man, with whom we have difficulties, and I am sorry to say these undesirables are often thrust upon hospital wards as orderlies. However, no argument on the part of the Sister is necessary in a case of disobedience, or for any other disagreement, she simply turns him over to the proper N. C. O. It does not require many such experiences to "brighten up the ideas" of the miscreant to the extent of realizing that he is not being bossed by a woman, but it is impressed upon him that he is receiving orders from his superior officer, even though she be in petticoats. I should say that the splendid discipline of the Australian and Canadian medical corps, would be example enough to decide the question of rank. It certainly does not lessen her value in her work, but rather lifts her from her rank as "upper servant" to the army. The nurse in the American army is to all appearances a civilian, and civilians hold no prestige in a military unit. If the army and navy must have these highly trained, efficient women, why, oh why, not recognize their ability to the extent of granting what other armies have proven a success. According

to some of the things I have read—and things I have heard—the American nurse, to use a bit of slang, has had a “rotten deal.” It is enough to start a strike.

L. T. M.

IV.

Dear Editor: In Base Hospital No. 9 (New York Hospital Unit, A. E. F.) of which I was chief nurse from August, 1917, until after the signing of the armistice, we experienced the same difficulties in war administration as related by Miss Parsons before the sub-committee on military affairs, United States Senate. I heartily endorse the statements made by her at this hearing. The issuing of War Department regulations 1421½ did not improve conditions—in fact, they were worse. You cannot tell orderlies and patients in one breath that nurses have absolutely no authority over them, in another that they have full charge and must be obeyed, and expect good results. The orderlies had a—now let the nurses do it all—kind of feeling, many falling down completely on their “job.” The nurses, on the whole, tried hard to make the best of this trying situation. I felt proud to belong to such a splendid band of women, who were untiring in their devotion to the boys, not only in wards, but giving up precious spare moments in order to shop for them, or try to procure something tempting for their sickest patients. “Unnecessary complaints,”—very few. The “No” written by a vast number of overseas nurses in answer to the question, “Would you enlist again under the same conditions?” is not because of “privations, discomforts experienced in travel, etc.,” but simply because of lack of status at home and abroad. Of course, “complaints that have since come to light” were not sent to headquarters when every chief nurse knew that headquarters had all it could do to handle the great affairs then pressing. Everything seemed petty compared to the gigantic cause. I do not think it was a “clashing of personalities,” a forgetting of “opportunities to keep up the morale of the whole group”; it was righteous indignation, an earnest coöperative spirit balked in its finest endeavors, eternally striving to achieve the impossible because of a wrong system. I KNOW that rank for nurses is the only thing that will increase the dignity and efficiency of the Army Nurse Corps.

V.

Dear Editor: These days one sees so much in the JOURNAL about Rank for Nurses, a subject that is more than superficial. There is not one ex-service nurse who writes her experience to gain sympathy or to be in the lime light. There is just one purpose and that purpose is to show why nurses should have rank. I, myself, went into the service to go just where I was sent and to do as I was asked without murmuring, but occasion causes me to do some murmuring. I was only in the service two days when five other nurses and myself received orders to proceed at once to an aviation field in Texas. Everything went well until we arrived in Texas. We had not been given any definite directions as to how to get out to the field, and when we inquired of the people they looked at us as though we had escaped from some place. We had on civilian clothes, so who could blame them? Finally we arrived at the field. We were ushered into cold quarters that had been vacated by line officers about one hour before we arrived. The C. O. asked us if we brought our sheets, pillows and blankets, and when we replied in the negative, he did not think he had to supply us. The next day we were given to understand that we were not needed, and that our services could be dispensed with. Yes, they had done without the services of nurses, but how? Patients had not had their beds made for several weeks, and some had not had their faces washed from the time they were admitted as patients. The hospital was very

dirty, and when the nurses asked for material and means to make the hospital look as such, the nurses were told by the C. O. that they were not sent there to run the hospital. No one had assumed such an attitude. The corps men and non coms. gave the nurses to understand that the nurses were to take their orders from them (men). More than once I heard a corps man swear in the presence of the nurse, because he had been asked to do something. The matter was reported, but that was all. One medical officer could not understand why the nurse would not sleep in the ward with the patients, because the corps men had been doing so. This same medical officer insisted that the nurses eat with the enlisted men, and could not be convinced otherwise until he heard from Washington. For one month we ate at the officers' club, and because we would not pay out of our own pockets the difference of forty cents a day per nurse, we were reminded and asked why we did not pay our bills. Even the Q. M. informed us our credit was not good. One C. O. (there were four in one year) told me to eat my mid-night lunch in a room in which was a toilet, a shower bath and wash bowl. When I said I would rather go hungry I was informed "these are war times." One would expect to put up with such things in France, but in our own good U. S. A.—never! The nurses at that particular field were nothing more or less than cooks and chambermaids. When there were operations, dressings, or very ill patients, the medical officers called the corps men to do the work and to perform the duties of the nurse. When the nurses asked the corps men to do anything, they would be asked where their bars were; if he chose to do as he was asked, well and good, if not, it did not do any good to report. It was considered impertinence personified. One corps man reported to the C. O. as having had trouble with a nurse because she refused to give a dose of medicine for which he had given the order. The C. O. told this nurse he could send her "somewhere" for disobeying orders. The officers, not all, but generally speaking, forgot that in Webster's there is such a word as gentleman. They resented the fact that we rode in the same cars (motor transport) that they rode in, and often asked if we not classed with the enlisted man. I am a real American and true to my flag; I entered the service with a true patriotic spirit, but after spending thirteen months and a half in Texas, chopping wood, carrying coal, building fires, mopping floors and cooking for all the patients in the hospital, in a little kitchen about 8 by 8, in fact doing everything but nursing, I think it just as patriotic to add one more step towards showing why nurses should have rank. These are just a few incidents and sandwiched in between was some sunshine.

Ohio

M. B. T.

VI.

Dear Editor: After reading the article by Miss Stimson and the replies of General Ireland to the Senate committee, I am forced to reply to each one of them personally. I do not feel they are fair or just to the nurses who earnestly tried to do their duty in obedience to orders issued to them in the A. E. F., and who have made no complaint of the treatment they received, from officers in particular, while in the service. The war is over and we do not want to come back grumbling and complaining of the things that happened over there—few of us there are who would not gladly serve again if the need arose for us to do so—but there is no denying that the present system in the army has many flaws in it. However, criticism, as criticism only, accomplishes nothing and is only destructive instead of constructive. It is my desire to do whatever I can to help those nurses still in service to carry on their work in the most efficient way possible. If rank for nurses will accomplish this, then I am surely in favor of it.

If on the other hand Miss Stimson has any better solution of the problem, let us hear of it, but service under the present system is surely unfair, unjust and unreasonable, for a nurse serving under a commanding officer who does not hold up her hand and assist her in every possible way, and unfortunately there are many of that kind in the army.

Nebraska

B. B.

VII.

Dear Editor: Inasmuch as I have had the rather unusual experience of being both Chief Nurse and nurse with the British Expeditionary Forces, and nurse and Chief Nurse with the American Expeditionary Forces, and had opportunities to observe the inner workings of the Canadian, Australian, British, and South African Hospitals (I was on duty in five different United States Army Hospitals under six different commanding officers), I should like, through your pages, to give expression to my conclusions regarding the weakness of the United States Army hospital organization, and the consequent inconceivably anomalous position our nurses found themselves in when they answered the call to service; with the resulting tremendous amount of so-called "complaining" on the part of the returned army nurses. To one unfamiliar with our actual position we must, indeed, seem unreasonably critical. Personally, I am very tired of it all, and would prefer to hear no more about it; but professionally, I feel that we owe it to the future army nurses and their patients, to leave no stone unturned until the army nurse has proper protection, that her status be rigidly defined, that adequate provision be made for her welfare, to the end that she may be able to devote herself unreservedly to the care of her patients and not be harassed by the petty jealousies and vagaries, peculiar to the temperament of some officers and corpsmen. If she must expend her energies keeping them good natured, it is obviously impossible for her to do justice to her patients. We would indeed be short sighted and selfish if we allowed another group of women to be subjected to similar indignities. I have no desire to disparage or depreciate the services of either officers or enlisted men. From my personal experience I am glad to be able to say that the great majority of them proved themselves to be real men, but that did not always protect us from those who were not. Before going further, may I say in answer to the statement in the October JOURNAL, that Miss Stimson as Chief Nurse in the British Expeditionary Forces did not know the difficulties of the nurses in the American Expeditionary Forces that as far as internal management was concerned, the United States Army nurses with the British, were working under exactly the same conditions as those with the American. The commanding officers were regular American officers. All the medical officers were Americans; the corpsmen were American soldiers; the paper work and internal organization and discipline was done in the American way. Removal and transfer of nurses and such matters were done through the commanding officer of the hospital and the headquarters of the American Expeditionary Forces, not the British Expeditionary Forces. The only difference was that the majority of our patients were English, and we used English supplies and rations and lived in English headquarters. Our position was easier in that we went into well organized hospitals with comfortable quarters, and had the opportunity to observe British methods, but in these two details only. I am glad to testify to the efforts on the part of the Director of the Nursing Service in France, to relieve wrong conditions; but do you know that every order regarding the nursing service had to be issued through the Chief Surgeon? And he was such an excellent "hedger" that I doubt if after some of them were issued, he himself knew what he had intended to convey. Let

me also say that, personally, I have nothing to gain by advocating the improvement of the condition of the Army Nurse Corps. It is very improbable that during my nursing career, we shall have another war, and if we had, I should stay in a civil hospital. I think that Miss Stimson and practically all of our nurses who made any attempt to analyze our situation in France, will agree with me, that our greatest difficulties lay in the insecurity and instability of every nurse's position from the Director of the Nursing Service, (yes, I may say from the Superintendent of the Army Nurse Corps), to the nurse on duty in the ward. They all had great responsibilities and arduous duties to perform, but no authority or power to aid them in performing these duties or in seeing to it that orders were carried out, and that the patients had proper protection and care. I could cite many instances to prove my points, but would not bore you with them. Ask any ex-army nurse you meet. In the light of this presumably enlightened age, when women are allowed to become doctors and lawyers and congresswomen and to be superintendents of hospitals and to vote, the following does not to me seem Utopian: That the Superintendent of the American Army Nurse Corps be supreme as far as nursing problems are concerned; that in matters of discipline and the comfort and welfare, social standing and efficiency of the nurses, she be responsible; that she be able to issue orders and instructions directly to her assistants and chief nurses and nurses, and not be obliged to function through some officer who has plenty to do without assuming a woman's duties. That the nurses in turn be allowed to appeal to her for protection, advice and assistance without dependence on the convenience and pleasure of a more or less arbitrary commanding officer. In short, that she be responsible for the efficiency of all the nurses, and they in turn be responsible to her. The better type of commanding officer turned all of this over to the chief nurse, but we had no protection from the other types. The better men would be glad to be relieved of a responsibility so foreign to their interests and education, and so unlike anything in any civil hospital of repute. No medical officer should be allowed to interfere with the nursing service or have the power to punish the nurses. How many of our civil hospitals would permit such a thing? If nurses abuse the power entrusted to them, let them be punished, but let them be punished by one of their own profession and sex! I quote from Florence Nightingale: "Any attempt to introduce such a system, that is, to make the nursing establishment responsible on the side of discipline to the medical officer, would be merely to try anew and fail anew, in an attempt which has frequently been made. In disciplinary matters, a woman alone can understand a woman. (Page 251, Chapter 5, Volume 2, "History of Nursing," by Nutting and Dock.) I do not for one minute question the right and advisability of the medical officers to see to it that their orders are carried out, or dictate in matters in their own province and to make complaints to the proper authority, and see that wrong conditions are remedied; nor do I depreciate the value of coöperation between the nurses and the officers. We would have more and better coöperation if the officers understood that they could not intimidate the nurses with threats, and the nurses knew they did not have to expend their best energies courting the good will of the officers. Is this what the superintendents of our best training schools are doing? Is that what our best physicians and surgeons in civil hospitals are demanding of the superintendent of nurses with whom they are associated? The Superintendent of the Army Nurse Corps and Director of Nursing Service, should have assistants who could visit the hospitals, investigate conditions and remedy them when possible; to advise with and instruct chief nurses and nurses and act when necessary, or go back to the Superintendent of the Army Nurse Corps, who should have the power of decision and the right to issue orders. What do

these men know of nursing problems? When and where did they get their nurses' training? And since when has there been such a shortage of women and surplus of men, that the men must needs assume the duties and responsibilities of women? The Chief Nurse should have the training and assigning to duty of the corpsmen selected for nursing orderlies, and should be able to prevent their being transferred to other departments without notice. With the help of some officer or surgeon, she should have, at least, some hand in the discipline of these men, when discipline is needed. I wonder how many mothers and sisters and wives of the men, realize how much some of our splendid women gave to the cause? I could write a book, and a long one, about nurses who spent their off duty time and energy and money, tramping to neighborhood farms and villages to buy oranges and nuts and strawberries and cream, etc., for patients; and nurses who after long, strenuous hours in the hospital, worked late making candy and birthday cakes for their patients, with ingredients bought from their own meager salaries. Under one of the white crosses in Lorraine, lies one whom I could name, who many a day walked to the nearest commissary, four kilos away, to buy nuts and sugar and eggs to make candy for her patients. And another who, when at last the "leave" could be arranged for her, had no money; and her roommate reported that she had spent her entire salary on her patients; and in most of these instances the men thought a beneficent government provided all these luxuries. These women have not come home and trumpeted their deeds to the world. Neither was there any question as to how many hours they would be on duty when their patients needed their care. I do not know of a single instance where a chief nurse had any difficulty in getting nurses to stay over time when they were needed. "Richer for their experience and glad of the opportunity." Yes, indeed, I have yet to hear of any nurse complaining of the hardships that were due to the exigencies of the war, but they certainly are justified in objecting to the unnecessary indignities and false position that I am ashamed to learn the War Department is now unwilling to remedy. But fortunately for us all, the world moves forward, and these antiquated men with all their rank, cannot hold it back for long. Women will have proper protection. It is only a question of time, but why the delay? Why should our boasted free country be so far behind England and Canada and Australia and South Africa? We must have a reorganization of our army hospitals, giving the nurses a definite status. The Jones-Raker Bill is just one step in advance. The rest will come. In closing, I cannot too earnestly repeat, that it is a calamitous thing to place women in such an anomalous position, with men as absolute monarchs over them. Incalculable harm was done to the morale of the nurses because of that one condition. We can, indeed, feel proud of the efficiency and devotion to duty, and high ideals of our women; but let us not again in the history of our country, send another group out so unprotected. How are we going to have the heart to go on training young women for this profession? The position of the Army Nurse cannot help but reflect back on our training schools, and we can no longer draw from the best women of the country. This letter is meant to be constructive, not destructive. The writer is very glad to have had the opportunity to be of service. She is richer in many, many ways, but in some experiences she wishes she were not so rich, and she writes this hoping she may help to spare future army nurses similar experiences.

DAISY D. URCH,

Formerly Chief Nurse of Base Hospital
No. 12 and Base Hospital No. 103,
France.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE AMERICAN NURSES' ASSOCIATION

STATE ASSOCIATIONS are urged to fill in and return the nominating blanks which were sent them late in September. These must reach the chairman of the Nominating Committee before January 1st. Address Marietta B. Squire, 139 North 12 Street, Newark, N. J.

THE BOARD OF DIRECTORS OF THE AMERICAN NURSES' ASSOCIATION met in New York, October 16 and 17, eleven of the thirteen members being present. Agnes G. Deans was appointed chairman of the Programme Committee for the biennial convention in Atlanta which is to be held April 12-17, 1920. The resignations of two graduate nurse associations, thirty-three alumnae associations, and twelve "Permanent" members were presented and accepted.

THE JOINT BOARDS OF DIRECTORS of the three national organizations met on October 16 with twenty-six present. The work of the Joint National Committee, as reported by Miss Noyes, was presented and discussed, the two chief interests being the maintenance of the Bureau of Information which is proving of great service to the nurses and the hospitals of the country, and the raising of a fund for the Nightingale School for Nurses in Bordeaux, France. It was decided to have a non-commercial exhibit of nursing appliances at the convention in Atlanta.

THE INTERSTATE SECRETARY spent November in California, visiting Santa Cruz, Sacramento, Stockton, Fresno, Bakersfield, Los Angeles, Santa Barbara, Riverside and San Diego. She will spend the first five days of December in Arizona and the rest of the month in Texas.

THE NURSES' RELIEF FUND, REPORT FOR OCTOBER, 1919

Receipts

Previously acknowledged	\$3,032.05
Interest on bonds	20.00
Alumnae Association of the Binghamton Training School, N. Y.	5.00
St. Luke's Hospital Alumnae Association, N. Y. City	100.00
A Public Health Nurse	12.50
Harriet Barto, Los Angeles, California	3.00
12th District Association, Ohio	50.00
Georgia State Association of Graduate Nurses	25.00
Wisconsin State Nurses' Association	50.00
Lincoln Hospital Alumnae Association, New York	5.00
Interest on Liberty Bonds	21.25
White Plains Hospital Alumnae Association, New York	10.00
Mrs. Clara W. Lewers, Canton, Ohio	1.00
Estelle C. Roe, Akron, Ohio	1.00
Alice C. Selle, Ohio	1.00
Lina Beatty, Mt. Alto, Pennsylvania	5.00
New York Post Graduate Hospital Alumnae Association	38.40
Jane Van deVrede, Atlanta, Georgia	3.00

\$3,383.20

Disbursements

Application approved, No. 2, 46th payment.....	\$10.00	
Application approved, No. 5, 33rd payment.....	20.00	
Application approved, No. 6, 42nd payment.....	15.00	
Application approved, No. 7, 36th payment.....	15.00	
Application approved, No. 11, 33rd payment.....	15.00	
Application approved, No. 14, 20th payment.....	15.00	
Application approved, No. 15, 16th payment.....	15.00	
Application approved, No. 18, 6th payment.....	20.00	
Application approved, No. 20, 2nd payment.....	15.00	
Application approved, No. 21, 2nd payment.....	15.00	
Exchange on cheques50	155.50
		<hr/>
		\$3,227.70
13 Bonds		\$13,000.00
2 Certificates of stock		2,000.00
8 Liberty Bonds		8,000.00
1 Liberty Bond		100.00
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		\$26,327.70

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers Loan and Trust Co., New York City. For information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York.

M. LOUISE TWISS, *Treasurer.*

MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL,
BORDEAUX, FRANCE

(This fund is being raised by American nurses and their friends in honor of all nurses who have given their lives in active war service. All money received will be forwarded to Dr. Anna Hamilton, head of the school. Make checks payable to the AMERICAN JOURNAL OF NURSING.—Ed.)

Previously acknowledged	\$37.00
Clara Nebel	5.00
Nebraska State Association	63.40
Elizabeth Weber, District No. 2, New York State	1.00
Jennie C. Viele, District No. 2, New York State	1.00
Katharine DeWitt, District No. 2, New York State	1.00
Hahnemann Hospital Nurses' Alumnae, Philadelphia	50.00
Teresa R. Murphy, St. Joseph's Infirmary, Louisville	1.00
S. M. Birmingham, The Macon Hospital, Macon, Ga.	1.00
E. Paul, Jefferson Park Hospital, Chicago	1.00
E. Guillot, St. Mary's Hospital, Patterson, La.	1.00
A. L. MacGachen, St. Mary's Hospital, Patterson, La.	1.00
Nursing Service and Bureau of Information, Atlantic Division, American Red Cross	50.00
Christina Duff, New York	2.00
Theresa A. Manning, New York	1.00
Edith Robbins, Buffalo, N. Y.	10.00
Julia J. Ravenal and Ethel L. Jones, Palmerton, Pa.	5.00
Pearl Wilson, Sabetha, Kansas	10.00

	Jane A. Delano Post, New York City -----	50.00
	Graduates and Students at Metropolitan Hospital, New York City -----	54.10
	Alumnae Association, Broad Street Hospital, Oneida, N. Y. -----	5.00
	Sister Mary Joseph, St. Mary's Hospital, Rochester, Minn. -----	25.00
	Mary C. Ledwidge, St. Mary's Hospital, Rochester, Minn. -----	5.00
	Superintendent of nurses, Appalachian Hall, Asheville, N. C. -----	4.00
	Pupils of Cortland County Hospital, Cortland, N. Y. -----	5.00
	Louise Ranney, Cortland, N. Y. -----	1.00
	Mary E. Murphy, Cortland, N. Y. -----	3.00
	Emma L. Montgomery, Cortland, N. Y. -----	5.00
	Harriette E. Wildey, Cortland, N. Y. -----	10.00
	Graduates of St. Joseph's Infirmary, Fort Worth, Tex. -----	12.00
	T. W. Cousins, Ironwood, Mich. -----	5.00
	Fanchon C. Shear, Jamestown, N. Y. -----	1.00
	Alumnae, Newark Beth Israel Hospital, Newark, N. J. -----	25.00
	Mamie Cloer, Lynchburg Hospital, Lynchburg, Va. -----	1.00
	Ruby Shoner, Industrial Nurse, Lynchburg, Va. -----	1.00
	Mary B. Brightwell, Industrial Nurse, Lynchburg, Va. -----	1.00
		<hr/>
		\$454.50

(Extracts from letters received with contributions)

"The hearts of a great many of us who were privileged to serve in France are now divided in interest between the home land and what will happen over there when the American ideas blossom and finally bring forth fruit. I'm intensely interested in Dr. Hamilton's training school and read all notes or letters from that source with a great deal of interest."

"Your circular letter—was read at the (Nebraska) state meeting—and the members of the association voted to pledge the National Committee \$500 to help in the erection of the new buildings in memory of the American Nurses at the Florence Nightingale School in Bordeaux, France. The nurses of Nebraska feel that one of the buildings should be called by some name to signify that the memorial is for the nurses of America lest the object should be forgotten. They suggested American Nurses' Memorial. During our meeting, \$63.40 was raised. The strongest point brought out in the discussion of the fund, was a point by a nurse who has seen duty in France. She told our nurses how terrible it was to leave France without their whole number, all remembering that there was one of their unit who must not return. They would not wish to bring back her body, but they would like to leave some living thing or memorial to her and to the other nurses who could not return with them."

"We are feeling much encouraged regarding the attitude of the nurses toward this Memorial Fund. Several who served in the A. E. F. have told of their deep appreciation."

ARMY NURSE CORPS

A "List of British Decorations to be given to members of the American Army, dated July, 1919," has just been received. Under the list of nurses to be given the Royal Red Cross, 1st class, are two names which have not been noted heretofore: Lawrie L. Phillips and Emily A. McLaughlin. Under the list to receive the Royal Red Cross, 2nd class, are the following names: Mary W. Arvin, Daisy Bucham, LaRue Frederick, Eva Gerhard, Elspeth A. Gould, Ada Hill, Minnie A. Lester, Beatrice M. MacDonald, Inez McKee, Eva Jean Parmelee, Betty Clara Connelly, Jennie I. Rignel, Mary Jane Roche, Elsie L. Miller, Tyldesley L. Sands,

Dolly Belle Schmitt, Mary E. Stephenson and Constance A. Cuppaide. These names are in addition to those previously printed in the JOURNAL.

JULIA C. STIMSON,
*Acting Superintendent, Army Nurse Corps,
Dean, Army School of Nursing*

NAVY NURSE CORPS

Members of the Naval Affairs Committee, at a hearing of recent date on the Army and Navy personnel, were deeply interested in the facts presented by representative officers of the Naval Service, and the subject of increasing the pay and allowances of members of the Nurse Corps was given special emphasis. The Medical Officer representing the Bureau of Medicine and Surgery, who testified in behalf of the Nurse Corps, impressed upon the Committee not only the importance of the proposed legislation, but emphasized the justice of applying this proposed legislation in behalf of the personnel of the Army and Navy, to the Nurse Corps of these Services. The Navy nurses receive the same pay, allowances, emoluments, and privileges as do members of the Army Nurse Corps; therefore, it was stated, no doubt special consideration of the question relative to the pay of nurses would be brought out in the hearings of the Military Affairs Committee; but this officer desired to have the particular subject brought to the attention of members of the Naval Affairs Committee, and he stated in no unequivocal terms that the hardships and financial sacrifices which have been presented to the Committee concerning other Navy personnel, applied also to the Navy nurses. For the information of the members of the Committee, he gave, in effect, the following statement regarding the Navy Nurse Corps, prefacing his remarks with the comment that the unrest which exists in the Corps to-day makes it difficult to retain the services of nurses, and this unrest is chiefly due to an inadequate monetary return for the services they render; which may be briefly described under three headings: (a) To give skilled nursing care to the sick; (b) to fill executive positions, and to be assigned to details for which they have been specially trained; (c) to assist in the instruction of hospital corpsmen, thus preparing them for their sea duty. These nurses bring to the Service the qualifications required by law establishing the Nurse Corps which comprise diplomas received for more than two years' continuous training; together with certificates of additional experience and subsequent examinations. They are exceptionally well trained nurses, many of them highly specialized; otherwise, they could not fulfill the varied duties required of them in the Naval Service. The nurses are underpaid and this fact has been so evident during the last two years that it is only by reason of their loyalty to their country, and of their vital interest in their profession, that they have consented to remain in the service of which they form such a necessary part. He then cited several examples of the disproportionate pay received by the highly qualified chief nurses and nurses of the Naval Service; with the salaries paid to the superintendents of nurses, and nurses in civilian hospitals, whose responsibilities are no greater and, in many cases, are less than the responsibilities required of the members of the Navy Nurse Corps. As a recognition of the high standard of training and acceptable educational qualifications which are demanded by the Naval Service before an appointment in the Navy is conferred upon a graduate nurse, the bill before Congress which recommends an increase for officers and enlisted men should also recommend a commensurate increase for members of the Nurse Corps.

The following transfers have recently been effected: Chief Nurse Miriam F. Ballard, from Sick Quarters, Marine Barracks, Quantico, Va., to St. Thomas,

Virgin Islands. Chief Nurse J. Beatrice Bowman, from Naval Hospital, Great Lakes, Illinois, to Fort Lyon, Colorado. Chief Nurse Mary Brooks, from Hospital Corps Training School, Newport, R. I., to Guam. Chief Nurse Alice M. Gillette, from St. Thomas, V. I., to Naval Dispensary, Navy Yard, New York. Chief Nurse Alice Henderson, from Naval Hospital, Brest, France, to Portsmouth, N. H. Chief Nurse Elizabeth M. Hewitt, from Naval Hospital, New York, to Canacao, P. I. Chief Nurse Betty W. Mayer, from Naval Hospital, League Island, Pa., to Sick Quarters, Quantico, Va. Chief Nurse Eva B. Moss, from Naval Hospital, Portsmouth, N. H., to Paris Island, S. C. Chief Nurse Bertha I. Myers, from Naval Hospital, Ward's Island, to Philadelphia, Pa. Chief Nurse Florence M. Vevia, from Naval Hospital, New London, Conn., to Great Lakes, Illinois. Chief Nurse Frances D. Winkler, from Naval Hospital, Paris Island, S. C., to League Island, Philadelphia, Pa. Temporary Chief Nurse Lucia D. Jordan, from Port au Prince, Haiti, to Newport, R. I. Chief Nurse I. Grace Kline, from Naval Dispensary, Charleston, S. C., to Hospital Corps Training School, Newport, R. I.

The following nurses have been appointed and assigned to the Naval Hospital at the station indicated: Eunice S. Baines, Reserve Nurse, U. S. N., and Mary Florence Baines, Reserve Nurse, U. S. N., from New York City to New York, N. Y.; Alice G. Boyd, Reserve Nurse, U. S. N., from Philadelphia, Pa., to Washington, D. C.; Marie Veronica Brizzolara, Reserve Nurse, U. S. N., from Orange, Va., to Norfolk, Va.; Mary A. Cochran, Reserve Nurse, U. S. N., from Los Angeles, California, to San Diego, California; Mary Veronica Ennis, Nurse, U. S. N., from Clinton, Mass., to Chelsea, Mass.; Anne Gemkow, Reserve Nurse, U. S. N., from Pittsburgh, Pa., to Washington, D. C.; Kate Victoria Grubbs, Reserve Nurse, U. S. N., from Mobile, Alabama, to Gulfport, Miss.; Eleanor L. Harbeke, Reserve Nurse, U. S. N., Mary A. Harbeke, Reserve Nurse, U. S. N., from Chatsworth, Illinois, to Great Lakes, Illinois; Laura Hartwell, Reserve Nurse, U. S. N., from Seattle, Washington, to Puget Sound, Washington; Mabel Heitzman, Reserve Nurse, U. S. N., from Bristol, Pa., to Norfolk, Va.; Edna Hill, Reserve Nurse, U. S. N., from Charlotte, N. C., to Charleston, S. C.; Elizabeth Hix, Reserve Nurse, U. S. N., from Lake City, Fla. to Key West, Fla.; Mary Olive Hutchinson, Reserve Nurse, U. S. N., from St. Louis, Mo., to Great Lakes, Illinois; Nell Kelly, Reserve Nurse, U. S. N., from Cincinnati, Ohio, to Great Lakes, Illinois; Elizabeth Lewis, Reserve Nurse, U. S. N., from Los Angeles, California, to Mare Island, California; Violet C. Lundquist, Reserve Nurse, U. S. N., from Los Angeles, California, to Mare Island, California; Mary McCarthy, Nurse, U. S. N., from Peabody, Mass., to Chelsea, Mass.; Florence G. McIsaac, Reserve Nurse, U. S. N., from Bakersfield, California, to Mare Island, California; Marion McKay, Reserve Nurse, U. S. N., from Spencer, Mass., to Newport, R. I.; Nellie C. Marks, Reserve Nurse, U. S. N., from Ilwaco, Washington, to Puget Sound, Washington; Mary Ellen Northrop, Reserve Nurse, U. S. N., from Pittsburgh, Pa., to Great Lakes, Illinois; Lillian L. Reilly, Reserve Nurse, U. S. N., from Brooklyn, N. Y., to Quantico, Va.; Margaret A. Swisher, Reserve Nurse, U. S. N., from Independence, Kansas, to New Orleans, La.

LENAH S. HIGBEE,

Superintendent, Navy Nurse Corps.

THE NATIONAL SOCIAL UNIT ORGANIZATION held a conference at Cincinnati, Ohio, October 23, 24 and 25. The morning of October 24 was given over to nursing interests, the topic being The Need of Standardization and Community Organization in Public Health Nursing, Mary Beard, President of the National Organization for Public Health Nursing, presiding. Zoe LaForge gave the

principal address of the session, and the discussions were led by Ella Phillips Crandall, Ada Stokes and Hulda Cron.

THE AMERICAN CHILD HYGIENE ASSOCIATION held its annual meeting at Asheville, N. C., November 11-13. Estelle L. Wheeler of Brookline, Mass., was chairman of the section on Nursing and Social Work.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION held its sixth annual meeting in New York City, October 21-25. There were five sections: Medical, Social Work, Religious Leaders', Legal and Educators'.

Arkansas.—**THE ARKANSAS STATE GRADUATE NURSES' ASSOCIATION** held its seventh annual meeting at Little Rock, October 29 and 30. The sum of \$125 was subscribed for the Nurses' Relief Fund. Rank for Army Nurses was discussed and every nurse who has been in service was asked to write to Mrs. Greeley, giving her attitude. Officers elected were: President, Ruth Riley, Fayetteville; vice-presidents, Menia Tye, Ft. Smith, and Mrs. Anna White Phillips, Little Rock; secretary, Annie Bremyer, El Dorado; treasurer, Mrs. A. M. Zelt, Little Rock. **Pine Bluff.**—**THE ALUMNAE ASSOCIATION** of Davis Hospital was reorganized at a meeting held on November 11. Ola Gibson retired as president, and the following officers were elected: President, Mrs. V. Misenhimer; vice-president, Mrs. Phoebe Martin; secretary and treasurer, Ruth Gibson; assistant secretary and treasurer, Merle Warren. Meetings will be held on the third Wednesday of each month.

California.—**THE CALIFORNIA STATE BRANCH OF THE AMERICAN LEGION** passed the following resolution in its first annual convention: Whereas, the Nurses of the Army and Navy Corps rendered valuable service in caring for our sick and wounded soldiers both in the camps and in the front line hospitals, and whereas they were exposed to all of the dangers and the hardships incident to military service, be it Resolved, 1. That the nurses be encouraged to join the American Legion and participate actively in its deliberations. 2. That at least one representative from the nurses be sent to the Minneapolis convention to represent the state of California. 3. That the delegation from the state of California be instructed to support the bill now before Congress (Jones-Raker) granting relative rank to nurses. The resolution was hotly debated, but was finally passed. **Stockton.**—**THE SAN JOAQUIN NURSES' ASSOCIATION** gave a dinner on the evening of November 5, at The Stockton, in honor of the Red Cross nurses returned from service, seven being present. The service flag has 32 stars, one of them being a gold star for Elizabeth Lee. The speaker of the evening was Adda Eldredge, Interstate Secretary, who gave an inspiring view of the many interests and obligations of the nursing profession. The nurses who had been in service spoke of their experiences.

Canada: Alberta, Lethbridge.—**A GRADUATE NURSES' ASSOCIATION** was formed June 12, at a meeting held at the Nurses Home. The following officers were elected: President, E. A. McClarty; vice-president, Jean McKenzie; secretary-treasurer, M. Hamilton; Executive Committee, Misses Johnson, Newman and Hill.

Colorado: Denver.—**THE COLORADO STATE BOARD OF NURSE EXAMINERS** will meet at the State House, December 30 and 31 to examine applicants for licenses to practice as trained nurses, according to the law. Apply to Louise Perrin, Secretary, State House, Denver, Colo.

Idaho: Boise.—**NORTHWESTERN TUBERCULOSIS CONFERENCE**, under the auspices of the National Tuberculosis Association, was held here on September 29, 30 and October 1, 1919. Registration of delegates showed the following states represented: Montana, 6; Oregon, 20; Utah, 8; Washington, 20; Wyoming, 1; Colo-

rado, 1; New York, 4; Idaho, 62. Twenty-six of these were nurses. The Conference was particularly fortunate in having a number of speakers on the program who are national leaders in their various fields of work, bringing stimulation and authority to the methods of procedure in conducting the tuberculosis campaign in a broad and uniform way throughout the Northwest. Two complete sessions were given over to subjects pertaining strictly to public health nursing, besides a luncheon at the Chamber of Commerce. Speakers at the luncheon were Adda Eldredge, Interstate Secretary, and Marion Cron, Visiting Nurses' Association, Portland, Oregon. The various programs outlined for the coming year were based primarily upon a broader field of activity, through a closer coöperation of agencies, governmental and philanthropic, engaged in public health work, one supervisor for all agencies being recommended to correlate the work. The Modern Health Crusade has been added to the curriculum of the schools in the state of Idaho. This particular phase of health educational work is conceded to be the one with the greatest promise of any of the present campaign.

Illinois.—THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Moline, December 4 and 5. Mrs. Josephine Barnhardt is chairman of the Arrangements Committee. A NEW LAW FOR THE REGISTRATION OF NURSES became effective on June 19 when it was signed by the Governor. The text follows:

AN ACT to revise the law in relation to the regulation of the practice of nursing.

SECTION 1. *Be it enacted by the People of the State of Illinois, represented in the General Assembly:* It is unlawful for any person to practice, or attempt to practice, nursing, as a registered nurse, without a certificate of registration as a registered nurse, issued by the Department of Registration and Education, pursuant to the provisions of an Act entitled, "An Act in relation to the civil administration of the State Government, and to repeal certain Acts therein named," approved March 7, 1917, in force July 1, 1917.

§ 2. A person is qualified to receive a certificate as a registered nurse:

- (a) Who is at least twenty-two years of age;
- (b) Who is of good moral character and temperate habits;
- (c) Who has completed at least a one year's course of study in a high school or secondary school, approved by the Department of Registration and Education, or who has completed an equivalent course of study as determined by an examination conducted by the Department of Registration and Education;
- (d) Who has completed a course of at least twenty-four months of study in a school of nursing, inspected and approved by the Department of Registration and Education;
- (e) Who has passed an examination conducted by the Department of Registration and Education to determine his or her fitness to receive a certificate of registration as a registered nurse.

§ 3. Every person who desires to obtain a certificate of registration shall apply to the Department of Registration and Education, in writing, upon blanks prepared and furnished by the Department of Registration and Education. Each application shall contain proof of the particular qualifications required of the applicant, shall be verified by the applicant, under oath, and shall be accompanied by the required fee.

§ 4. The Department of Registration and Education shall hold examinations of applicants for certificates of registration as registered nurses at such times and places as it may determine.

The examination of applicants for certificates of registration as registered nurses may include both practical demonstrations and written and oral tests and shall embrace the subjects usually taught in schools of nursing, approved by the Department of Registration and Education.

§ 5. Whenever the provisions of this Act have been complied with, the Department of Registration and Education shall issue a certificate of registration as a registered nurse.

Any certificate of registration heretofore issued under the laws of this State authorizing its holder to practice nursing, as a registered nurse, shall serve the same purpose as the certificate of registration as a registered nurse provided for by this Act.

§ 6. Every registered nurse who continues in active practice shall, annually, on or before the first day of April, renew his or her certificate of registration and pay the required renewal fee. Every certificate of registration which has not been renewed during the month of April in any year shall expire on the first day of May in that year. A registered nurse whose certificate of registration has expired may renew his or her certificate of registration only upon payment of the required restoration fee.

Any registered nurse who retires from the practice of nursing for not more than five years may renew his or her certificate of registration upon payment of all lapsed fees.

§ 7. The Department of Registration and Education may either refuse to issue, or may refuse to renew, or may suspend, or may revoke, any certificate of registration, for any, or any combination, of the following causes:

(a) The wilful violation of, or the wilful procuring of, or knowingly assisting in the violation of, any Act which is now or which hereafter may be in force in this State relating to the use of habit forming drugs;

(b) The wilful violation of, or the wilful procuring of, or knowingly assisting in the violation of any Act which is now or which hereafter may be in force in this State relating to the practice of abortion;

(c) The obtaining of, or attempt to obtain, a certificate of registration, or practice in the profession, or money, or any other thing of value, by fraudulent representation;

(d) Gross negligence in the practice of nursing;

(e) Continued practice by a person knowingly having an infectious, communicable, or contagious disease;

(f) Habitual drunkenness, or habitual addiction to the use of morphine, cocaine or other habit forming drugs.

The Department of Registration and Education may neither refuse to issue, nor refuse to renew, nor suspend, nor revoke any certificate of registration, however, for any of these causes, unless the person accused has been given at least 20 days' notice, in writing, of the charge against him or her, and a public hearing by the Department of Registration and Education.

Upon the hearing of any such proceeding, the Director of Registration and Education, the Assistant Director of Registration and Education or the Superintendent of Registration, may administer oaths, and the Department of Registration and Education may procure by its subpoena, the attendance of witnesses and the production of relevant books and papers.

Any Circuit Court, or any judge of a Circuit Court either in term time or in vacation, upon the application, either of the accused or of the Department of Registration and Education, may, by order, fully entered, require the attendance of witnesses and the production of relevant books and papers, before the Department of Registration and Education, in any hearing relating to the refusal, suspension or revocation of certificates of registration. Upon refusal or neglect to obey the order of the court or judge, the court or judge may compel, by proceedings for contempt of court, obedience of its or his order.

§ 8. Upon payment of the required fee, an applicant who is a nurse, registered or licensed under the laws of another State or territory of the United States, or of a foreign country or province may, without examination, be granted a certificate of registration as a registered nurse by the Department of Registration and Education, in its discretion, upon the following conditions:

(a) That the applicant is at least twenty-two years of age, of good moral character and temperate habits; and

(b) That the requirements for the registration or licensing of nurses in the particular state, territory, county or province, were at the date of the license, substantially equal to the requirements then in force in this State.

§ 9. The fee to be paid by an applicant for an examination to determine his or her fitness to receive a certificate of registration as a registered nurse is ten dollars (\$10.00).

The fee to be paid by an applicant for a certificate of registration as a registered nurse is two dollars (\$2.00).

The fee to be paid upon the renewal of a certificate of registration is one dollar (\$1.00).

The fee to be paid by an applicant for an examination to determine his or her preliminary education is two dollars (\$2.00).

The fee to be paid by an applicant for a certificate of registration who is a nurse registered or licensed under the laws of another state or territory of the United States or of a foreign country or province is twelve dollars (\$12.00).

The fee to be paid for the restoration of an expired certificate of registration as a registered nurse is two dollars (\$2.00).

§ 10. The Department of Registration and Education may adopt reasonable rules and regulations relating to the enforcement of the provisions of this Act.

§ 11. Each of the following Acts constitutes a misdemeanor, punishable upon conviction by a fine of not less than twenty-five dollars (\$25.00), nor more than two hundred dollars (\$200.00);

(a) The practice of nursing, or an attempt to practice nursing as a registered nurse without a certificate of registration as a registered nurse;

(b) The obtaining of, or an attempt to obtain, a certificate of registration, or practice in the profession, or money, or any other thing of value, by fraudulent representation;

(c) The making of any wilfully false oath or affirmation as required by this Act.

All fines and penalties shall inure to the Department of Registration and Education.

§ 12. The Department of Registration and Education shall keep a record which shall be open to public inspection at all reasonable times, of its proceedings relating to the issuance, refusal, renewal, suspension, and revocation of certificates of registration. This record shall also contain the name, known place of business and residence, and the date and number of certificate of registration of every registered nurse in this State.

§ 13. An Act entitled "An Act to provide for the registration of nurses and to repeal a certain Act therein named," approved June 30, 1913, in force July 1, 1913, as amended, is repealed.

§ 14. This Act may be known and cited as "The Illinois Nursing Act."

Chicago.—THE ALUMNAE ASSOCIATION OF THE ILLINOIS TRAINING SCHOOL had as guests and speakers at its September meeting, two nurses from the Philippines, Miss Macraig and Miss Ocampa, who are in this country to study hospital and training school management. The November meeting was held at the Eleanor Club. Talks were given by Walter Davidson of the Red Cross and by returned overseas nurses. Martha Peters, class of 1912, has taken up Red Cross rural nursing at Pontiac, Michigan. Mary Watson, superintendent of the Contagious Department of the County Hospital for several years, has been appointed superintendent of the Grant Hospital. Rebecca Cohen, class of 1911, has joined the Visiting Nurse Association. Laura Anderson, class of 1910, is surgical nurse at the Moline City Hospital, Moline. Sarah Purdum, class of 1911, is doing public health nursing at Silver City, New Mexico. Bertha Alexander, class of 1910, is doing public health nursing in Harlowton, Mont. Grace Umberger, class of 1909, has been appointed Health Nurse at the State Agricultural College, Manhattan, Kansas. Evelyn Wood, class of 1896, recently accepted a position as instructor in the Army School of Nursing, Letterman General Hospital, San Francisco. Emma Matzen, class of 1913, recently returned from overseas, has with her sister, established a hospital in Columbus, Nebraska. Ella Pawlisch, class of 1913, has accepted the position of Community Nurse in Barrington, Ill. Louise Hostman, class of 1909, is assisting Miss Wheeler in the Training School office. Bertha M. Jones, class of 1915, and Olive B. Smith, class of 1912, have accepted positions as head nurses in Cook County Hospital. Margaret Carrenduff has returned to her work at the Psychopathic Hospital. Bethel Paulsen and Nellie Stahl, class of 1914, have accepted positions as Industrial Nurses for Sears, Roebuck & Co. Ruth Spencer, class of 1911, returned to the Chicago Telephone Company. Mrs.

Grace Lindsay, class of 1913, has been appointed registrar at the Chicago Nurses' Club and Directory to succeed Minnie Farrar. Margaret Horton, a graduate of Smith College, formerly of St. Paul, Minn., has come to the Chicago Nurses' Club as Social Director. Isabelle Gallagher, Chicago Union Hospital, public health nurse for seven years, has been made Assistant to the Associate Director, Marie T. Phelan, at Central Division, American Red Cross. Adah Asseltine, Chicago Polyclinic School, class of 1893, resigned her position at the Chicago Lying-In Hospital, to assume the post of superintendent of nurses at the Jane McAllister Hospital, Waukegan. Graduates of the Evanston Hospital are reported as follows: Lillian Anderson, class of 1919, is Night Supervisor at the Silver Cross Hospital, Joliet. Mrs. Maud Twining Hommel, class of 1914, has resigned her position as Assistant Superintendent of the Evanston Hospital, to join her husband, who has returned from service abroad. Dr. and Mrs. Hommel will live in Elkader, Ia. Orlene Berlin, class of 1915, will do public health work in Hutchinson, Kansas, on the completion of her course at the School of Civics. Barbara Crothers, class of 1917, is Assistant at the Infirmary at Northwestern University. Nellie Hagen, class of 1919, is night supervisor at the Evanston Hospital. Marjorie Travis, class of 1911, has resumed her work as school nurse in Evanston. Mrs. Lena Martens, class of 1902, has accepted a position as nurse at the Illinois Children's Home in Evanston. Ida Stuntz, class of 1913, is public health nurse in Hutchinson, Kansas. Anna O'Connor, class of 1911, is taking a course in the Department of Nursing and Health, Teachers College. Mary Cronin, class of 1919, is Public Health Nurse in Marseilles, Illinois. Geneva.—Margaret Willing Johnston has accepted the position of superintendent of the Colonial Hospital.

Indiana.—THE INDIANA STATE NURSES' ASSOCIATION, at its annual convention held in Indianapolis, had the following programme: October 7, What Indiana Is Requiring of Its Accredited Schools, Edna Humphrey, secretary of the Board of Examiners; address by Mary C. Wheeler, Superintendent Illinois Training School. At luncheon Mary C. Wheeler, May Kennedy and Margaret Tupper were the guests of honor. In the afternoon there was a visit to the new Indiana University Medical School. October 8: Business session; address, Private Duty Nursing, Frances M. Ott; reports; addresses, Social Agencies in Indianapolis, Mary A. Meyers; Peace Time Program of the Red Cross, V. Lota Lorimer. October 9, Public Health Day. Addresses: Child Welfare, Dr. Ada Sweitzer; Infant Welfare Clinics in Indianapolis, Dr. J. Don Miller; The Tuberculosis Program for Indiana, E. Q. Laudeman; A County Health Program, Ida J. McCaslin; Industrial Nursing, M. E. Cummins; Industrial Nursing in Indiana from the Compensation Insurance Viewpoint, George J. Price; The School Nursing Program for Indianapolis, Dr. Herman G. Morgan; The Modern Health Crusade in City and Country Schools. Indianapolis.—EVA FORDYCE has resigned as superintendent of the Joseph Eastman Hospital, and will take up private duty nursing for a time. Later she will go east for a post course in surgery. Mary Spearing of the Framingham Hospital will succeed Miss Fordyce. ELSIE PEACOCK, recently returned from fifteen months' service in France and Germany, and Blanche McGrew, formerly superintendent of the Sullivan County Hospital, Sullivan, Ind., have gone to California. INA M. GASKILL was recently appointed State Superintendent of the American Red Cross. For a number of years Miss Gaskill was tuberculosis clinic nurse of Indianapolis. Later she was superintendent of the out-patient department of Sunnyside Sanatorium. Ethel Hatfield will succeed her. GLADYS COX, of the Robert M. Long Hospital, and Clara Brook, of St. Vincent's Hospital, Indianapolis, have been appointed nurses for the city and county

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schools in the Modern Health Crusade. Miss Cox will supervise the health work of the city schools, and Miss Brook will take up the work of the parochial and county schools. This work is being financed by the Marion County Tuberculosis Association, directed by the school board.

Iowa.—THE IOWA STATE NURSES' ASSOCIATION held its annual convention November 4, 5 and 6, at Des Moines. This was one of the very best State Nurses' Conventions ever held in Iowa. The attendance and interest were splendid and the papers and addresses very good indeed. Frances M. Ott, Chairman of the Private Duty Section of the American Nurses' Association, was present and gave a great deal of assistance in smoothing out the wrinkles in the question of fees and charges. Louise M. Powell, Superintendent University Hospital Training School of Minneapolis, read a paper on Standards and gave valuable counsel to the League of Education. Katherine Olmstead, western secretary of the National Organization for Public Health Nursing, came directly from the meeting of the American Public Health Association at New Orleans, giving a most wonderful report of that convention. **Oskaloosa.**—MAUDE WILKINSON has been made public school nurse.

Louisiana.—The next examination of the Louisiana Nurses' Board of Examiners will be held in New Orleans, and in Shreveport, December 15, 16, and 17, 1919. For further information, apply to Dr. J. S. Hebert, Acting Secretary, 1121 Maison Blanche, New Orleans, La.

Maine.—LINCOLN COUNTY organized for health by employing Elizabeth Murphy, supervisor of school nursing in New Hampshire, to make a survey of public health conditions. There are 18 towns, only three of which have a population of over two thousand. The people are nearly all native born Americans, and practically all are engaged in farming. The death rate is about 30 per cent higher than the birth rate. As a rule, boards of health are not active, and little or no money is appropriated for health work. The records of one town showed for 1918 an appropriation of \$10, of which only 60 cents was spent. Adequate nursing service is difficult to obtain, there being only two or three graduate nurses in the county. Particularly in the schools is there need for a public health nurse. More than a hundred schools were visited and short talks were given on hygiene, which were received with the closest attention and interest. The county has an active and well managed chapter of the Red Cross, through whose efforts two towns appropriated \$100 each, and a third \$25 toward the support of a public health nurse. Other towns will unquestionably follow this lead, as school superintendents, physicians and the public generally have shown a keen interest. Only a few of those interviewed were apathetic or sceptical. The report strongly recommended that the Lincoln County Chapter institute a public health program and appoint a county nurse to encourage and assist those communities that are anxious to go ahead and develop their own nursing program, but have little knowledge on the subject. As the work develops and the nurses are placed in communities, the county nurse will supervise and direct the work of the assistants.

Maryland: Baltimore.—THE STATE ASSOCIATION OF GRADUATE NURSES held a meeting October 13, at Osler Hall. Dr. Mary Serwood, chief of Child Hygiene, gave an interesting and instructive talk concerning the work of her Bureau. Mr. Zink and Mr. Humphreys, of the Maryland anti-tuberculosis society, made urgent pleas for the support of the nurses in the Christmas seal campaign. There was a discussion regarding the establishment of a Central Club for Registered Nurses in Baltimore. A committee was appointed, consisting of two members from the State Association and two members from each Alumnae Association, to formulate plans and make recommendations. THE MARYLAND STATE LEAGUE OF NURSING

EDUCATION held a meeting at Mercy Hospital, October 14. The meeting was devoted to a discussion of plans for the coming year, and the eight-hour system for student nurses was talked over. After the business was completed, a social hour was enjoyed. NELLIE ROTHWELL, after thirty-seven months of active service in camps in this country, is now engaged in United States Public Health Service.

Michigan: Flint.—THE HURLEY HOSPITAL TRAINING SCHOOL FOR NURSES held its graduating exercises October 21, at St. Paul's Parish House. There were six graduates. Dr. John A. Hornsby made the address to the graduating class. The graduates recited the Nightingale pledge. The diplomas were presented by Dr. William DeKleine and the pins by Dr. W. H. Marshall. Dancing followed the exercises.

Minnesota.—THE MINNESOTA STATE REGISTERED NURSES' ASSOCIATION held its sixteenth annual meeting in St. Paul, October 23, in the auditorium of the Wilder Building. There was a good representation from all parts of the state. Following the reports from the secretary and treasurer came the Committee reports. The Secretary of the State Board of Examiners reported that 636 nurses had been examined during the year. After the report from the Committee on Public Health, given by Miss Patterson, a motion was passed that a section be created for Public Health, which is to cooperate with similar sections to be formed in each District. Jeanette Christenson gave an excellent report of the work done by the Committee for the Lewis-Raker Bill. A motion was passed that Minnesota send her quota in response to an appeal of the National Council to each state for \$250.00. Louise Christenson gave a very encouraging report from the Revision Committee. Minnesota has been divided into six Districts. The second, third and fourth Districts have been accepted by the State Association, and the fifth and sixth Districts will soon be ready to make application. It seems impossible at this time to organize the first District, because of its scattered population. A motion was passed to divide this territory into two sections; one section to be temporarily taken over by the third District and the other section to be temporarily taken over by the fourth District. The election of officers to fill vacancies are: Third vice-president, Mrs. W. F. Rhinow, Minneapolis; secretary, Sophia Olson, St. Paul; Director for three years, Jeannette Christenson. At the afternoon session, Sarah E. Sly, Chairman of the National Revision Committee, who had responded to the appeal for assistance with the organization work, gave a short talk on "Rank for Nurses," which was followed by discussions for and against, by nurses who had been in service. Miss Sly then gave a very interesting paper on the organization and reorganization of the American Nurses' Association, and a short resumé of the development of the *American Journal of Nursing*. A motion was passed that the Association adopt the *American Journal of Nursing* as its official organ. Proposed amendments to the constitution and by-laws were adopted to follow the form, approved by the national organization. It was decided that the Board of Directors be given the right to vote at the annual meetings and that a Council, formed by the Presidents of the Districts, be added to the Board of Directors. The evening session met in the auditorium of the Y. W. C. A., with a very good attendance, including some senior nurses from training schools. After a short business meeting, a very interesting talk was given by Miss Sly on the "Relation of the Alumnae to the other Organizations," after which the meeting adjourned, to be followed by a social hour. The members extended to Miss Sly very hearty thanks for her valuable assistance in the reorganization work. THE MINNESOTA STATE LEAGUE OF NURSING EDUCATION held its annual meeting in St. Paul, October 24. The following officers were elected: President, Bertha Matlick; vice-president, Jeannette Christenson; secretary and

treasurer, Mrs. Ethel Orr. The organization of Local Leagues of Nursing Education in Minneapolis and St. Paul, representing Districts 3 and 4, was recommended. For the other three districts, it was recommended that sections of the League be formed for a year, or until such time as they were strong enough to organize local leagues. Sarah E. Ely was present at the meeting, and urged the formation of local leagues. The work for the coming year is to include public education, with special effort to reach Parent-Teacher Associations; an effort to see that the Standard Curriculum is used in every accredited school in the state; an effort to place pamphlets concerning shorter hours for student nurses in the hands of the boards of directors of every hospital conducting accredited schools; a campaign for members for the National League. St. Paul.—THE RAMSEY COUNTY REGISTERED NURSES' ASSOCIATION at its meeting held in the Y. W. C. A. rooms, November 3, had an address by Lutie E. Stearns on the milk problem. A letter was read from the War Work Council of the Y. W. C. A., thanking the nurses for the money that was donated for a rest hut at Brest,—\$2,300. The Association would like to hear from nurses who enjoyed this hut.

Mississippi.—THE MISSISSIPPI STATE BOARD OF EXAMINERS OF NURSES will hold an examination for applicants for registration on January 5 and 6 at Jackson. Applications must be filed with the secretary fifteen days before the examination date. Jane P. Cox, secretary, Natchez. THE MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES held its eighth annual meeting at Jackson in the Carnegie Library, on October 30 and 31. The following papers or addresses were presented during the sessions: Public Health Nursing, Bessie O. Brougher; Nursing in the Camps, Edna Baker; Mental Nursing, Jane P. Cox; Child Welfare Work, Jane C. Bright; Influenza, Ewing Gordon, M.D.; Venereal Diseases, Ann Doyle; Red Cross Nursing, L. Agnes Daspit; Private Duty, Irma L. O'Mara; Nursing Experiences Abroad, Jane C. Bright; Relations of the Nurse to the Doctor, Sara Castle, M.D.; Private Duty Nursing, Ethel Maynor; Nursing Experiences in Germany, W. Lola Rowland. At a joint session with the State League papers read were: Little Things that Count, Mrs. Maude E. Varnedo; Preliminary Education for Pupil Nurses, Dr. Fartherree; Ethics, Maude Hannah; Higher Standard for Training Schools, Jennie Quinn Cameron. Officers for the State Association were elected as follows: President, Mary H. Trigg, Greenville; vice-presidents, Catherine Kent, of Jackson, Mrs. Maude E. Varnedor of Hattiesburg, Anna C. Struckmeyer of Greenville, Fannie Maye of Macon, Jennie Heath of Jackson, Bessie O. Brougher of Jackson; secretary, Mrs. Jennie Quinn Cameron of Hattiesburg; treasurer, Jane P. Cox, Natchez.

Missouri.—THE MISSOURI STATE NURSES' ASSOCIATION held its fourteenth annual meeting at St. Joseph, October 29-31. St. Louis.—THE ST. LOUIS LEAGUE OF NURSING EDUCATION resumed its meetings on October 15. THE THIRD DISTRICT ASSOCIATION is holding its meetings the third Monday of each month. Rank for Nurses is receiving attention. THE COURSE IN HOME ECONOMICS AND SOCIAL HYGIENE which extends from September to February has attracted nurses from other cities and states, as students. THE ST. LOUIS TRAINING SCHOOL has six students from the Army School of Nursing, who are taking work in gynaecology and obstetrics. The Alumnae Association received fourteen new members during the year 1918-19. Several nurses returned from overseas have recently been welcomed. THE LUTHERAN HOSPITAL TRAINING SCHOOL FOR NURSES held its graduating exercises in the auditorium of Holy Cross School, October 9. There were fourteen graduates, and the exercises were most enjoyable. THE LUTHERAN HOSPITAL NURSES' ALUMNAE gave a dinner to the graduating class on October 10, at the Mission Inn, at which a number of guests were present from other cities.

All the members who were serving overseas have returned. Fifteen new members have been admitted to the association during the past year.

New Jersey.—THE NEW JERSEY STATE NURSES' ASSOCIATION held its seventeenth semi-annual meeting November 5 at Monmouth Memorial Hospital, Nurses' Home, Long Branch, N. J. The invocation was made by Rev. John M. Hunt, and Dr. James Chasey gave a most cordial welcome to Long Branch. The reorganization of the Association into Districts was completed with the exception of one, to be completed in November. A report was made that Nursing Bill 331 was vetoed by the Governor. It was decided to ask the various District Associations in the State to help assume the running expenses of the State Board of Nurse Examiners, which they will doubtless undertake. It was decided to send a contribution to the Memorial Fund for the nurses who lost their lives during the war. The interest of the meeting centered on the address made by Mrs. Helen Hoy Greeley on Rank for Nurses. It was a stimulating address, and the nurses are determined to aid her wherever possible. The annual meeting in April will be held at Newark, upon invitation from the Newark City Hospital Alumnae Association. **Montclair.**—THE MOUNTAINSIDE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the Graduate Nurses' Club on October 15. The following officers were elected for the ensuing year: President, Ida Stitt; vice-president, Mrs. Morton Huttenloch; recording secretary, Mabel French; corresponding secretary, Hellen Dobbins; treasurer, May Miller. The business meeting was followed by a social hour. **Jersey City.**—THE SECOND DISTRICT OF THE NEW JERSEY STATE NURSES' ASSOCIATION, comprising four counties, held a business meeting October 23 at the Nurses' Home of Christ Hospital. Mrs. Frank Groff made an address of welcome. Elizabeth Higbid spoke on raising the standard of hospitals, and on Rank for Nurses. A social hour followed the meeting. THE NURSES OF CHRIST HOSPITAL gave a little play for the benefit of the new nurses' home at Bergen Lyceum, on September 30, before an enthusiastic audience.

New York.—THE NEW YORK STATE NURSES' ASSOCIATION held its eighteenth annual meeting at the St. George Hotel, Brooklyn, October 22, 23. The day previous, October 21st, The New York State League for Nursing Education and the New York State Organization for Public Health Nursing held their meetings at the same place. All meetings were well attended. Tuesday and Wednesday mornings were business sessions. Miss De Witt, Chairman of the Revision Committee, reported that ten of the fourteen districts of the State are organized and that the four remaining districts would soon be ready. Among the interesting papers were the following: The Re-adjustment of Training Schools and Hospitals from the Nursing standpoint, Elizabeth Greener; Industrial Insurance, Miles Dawson, and John A. O'Reilly, M.D.; Child Welfare Work During 1919, Dr. Laura Righman; The Army Nurse Corps During the War, R. Lee Cromwell; The Campaign Against Venereal Diseases as it Affects the Teaching and Practice of Nursing, Dr. V. Baker; Eight-Hour Day for Nurses, Isabel M. Stewart; Maternity Center Work, Ann Stevens; Affiliation of Training Schools for Nurses With Public Health Organizations, Annie Goodrich and Miss Hudson; Should Hospital Social Work be Included in Training School Curriculum? Agnes Ward. Sally Johnson, Superintendent of Nurses, Albany Hospital, conducted a round table for the benefit of those who had small training schools whose problems had not been covered by the many interesting papers. Officers elected were: President, Elizabeth E. Golding, New York; vice-presidents, Katherine Danner, Buffalo and Agnes S. Ward, New York; secretary, Mrs. Julia W. Kline, 546 Rugby Road, Brooklyn; treasurer, Louise Sherwood, Syracuse; directors for three years, Sarah

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J. Graham; two years, Sophia F. Palmer, Mrs. Anna Hansen, Mrs. C. V. Twiss; one year, Amy M. Hilliard, Ella Lawrence. **Albany.**—CAPITOL DISTRICT No. 9 held its annual meeting on October 4 at the Education Building. The following officers were elected: President, Julia A. Littlefield; vice-presidents, Sister Immaculatta; Josephine Handran; secretary, Sally Johnson; treasurer, Minnie Gribble. Directors for three years, Elizabeth French and Katherine Deecher; for two years, Anna Alline and Katharine O'Farrel; for one year, Mrs. E. Harlburt and Katharine Burke. **Troy.**—THE NURSES' ALUMNAE ASSOCIATION OF SAMARITAN HOSPITAL on October 20 gave a reception in honor of their members who have returned from war service. Dr. Alson J. Hull gave the address of the evening. An honor roll was unveiled, disclosing the names of thirty-two nurses who had served during the war. At the close of the formal exercises, dancing was enjoyed. **Saranac Lake.**—SARANAC LAKE GRADUATE NURSES' ASSOCIATION, District No. 8, met at the Public Library, November 4. The establishment of a free bed fund for the general hospital was discussed. **Binghamton.**—THE TRAINING SCHOOL OF THE BINGHAMTON CITY HOSPITAL held graduation exercises on the evening of November 10, in the Kilmer Pathological Laboratory of the hospital for a class of fourteen. Dancing followed the exercises. **Geneva.**—DISTRICT No. 2 of the State Association held its October meeting in this city in the room of the Woman's Club. An interesting talk on Communicable Diseases was given by Dr. Grove. A report of the State meeting was given by Mrs. Chambers. A social hour followed. **Rochester.**—THE ALUMNAE ASSOCIATION OF THE ROCHESTER HOMEOPATHIC HOSPITAL held its annual meeting on November 3, when the following officers were elected: President, Elizabeth Copeland; vice-presidents, Augusta Peters, Miss Gaylord, Pauline Wallace; secretary, Marcella Craven; corresponding secretary, Julia E. Bailey, 6 Cobb St.; treasurer, Emily J. Jones. KATHLEEN D'OLIER, who has done public health work of various kinds in the city for several years with great success, has been sent to Greece by the Red Cross.

North Dakota: Kenmore.—THE LAKESIDE HOSPITAL TRAINING SCHOOL graduated a class of six, on September 19.

Ohio.—THE NURSES' EXAMINING COMMITTEE OF THE STATE MEDICAL BOARD OF OHIO will hold an examination for Nurse Registration on December 9 and 10, at the Knights of Columbus Hall, Columbus. Applications must be filed with the Secretary of the State Medical Board, State House, Columbus, at least two weeks before the date of examination. **Cleveland.**—THE ALUMNAE ASSOCIATION OF ST. VINCENT'S CHARITY HOSPITAL held a meeting on November 4 at which new officers were installed: President, E. Mandery; vice-presidents, Mrs. M. Bowman, Marie Brunner; recording secretary, G. Hamel; corresponding secretary, Irene Kelley; treasurer, Lucy Reilly. DISTRICT No. 4 gave a dinner dance at the Hotel Winton in honor of the nurses who have returned from service. There was an attendance of 190, and it proved a most enjoyable occasion. Some time ago, questionnaires relating to club house, registry, living quarters, fees, etc., were sent to the members of the Isabel Hampton Robb Memorial Club. A private duty nurse organization has been formed. **Akron.**—OLIVE BEASON has resigned from the Nursing Department of the Board of Health, as she is to be married before long.

Oklahoma.—THE OKLAHOMA STATE NURSES' ASSOCIATION held its annual convention in Tulsa, October 29-31. Interesting reports were given by each of the four districts of their work during the past year. The members were fortunate in having with them Lyda W. Anderson of St. Louis. Her interest in the Association, her discussion of nursing problems, and her address on the Peace Programme of the Red Cross filled all with enthusiasm and the members hope to accomplish more the coming year because of her encouragement. Jules

Schevitz spoke on tuberculosis and of the nurse's work in educating the public, to prevent infection. Dr. Mahr spoke on the Government's work in the control of venereal diseases. A contribution of \$20 was made to the Memorial Fund for the Nightingale School in France, and a committee is working to secure more, through the districts. The public health nurses of the state formed an organization at this time. Rank for Nurses was given a very prominent place in each programme. The State Federation has approved it. Officers elected were: President, Jessie Hammer; secretary-treasurer, Lela Carr; both of Oklahoma City.

Oregon: Portland.—THE GOOD SAMARITAN HOSPITAL ALUMNAE ASSOCIATION gave a tea on October 21, at the Hotel Benson, in honor of the returned overseas nurses, fifteen of whom were present.

Pennsylvania: Philadelphia.—THE PHILADELPHIA LEAGUE OF NURSING EDUCATION has issued the following programme for this year's meetings: October, Modern Methods in Surgery, with a demonstration, Dr. Eldridge Eliason and Edith B. Irwin. November, How May Psychology Be Made Useful to the Student Nurse? Roberta M. West. December, Modern Treatment of Infectious Diseases, Dr. D. L. Richardson. January, Psychiatric Nursing, Effie F. Taylor, Baltimore. The February meeting will be conducted by the Philadelphia Hospital Superintendents' Association; the March meeting will be devoted to Public Health; April, topics not announced; May, Policies Outlined by the National League of Nursing Education, S. Lillian Clayton. THE NURSES' CLUB OF PHILADELPHIA COUNTY announces that nurses visiting Philadelphia can find a room at the Club at almost any time, at a nominal rate, with mail and telephone messages carefully looked after. The greater number of overseas nurses have returned and some are permanently located at the Club House. Some interesting souvenirs brought back by Miss Woeckener are on exhibition. The Samaritan Hospital Nurses' Alumnae held its annual meeting on September 30. Committees for the year were appointed. A summary for the past year showed an increased attendance at meetings. There were eight new members and three deaths. Sixteen members were dropped from the roll, and twelve former members were reinstated. There are now 158 members enrolled, 121 resident, 37 non-resident. Several social affairs were given during the past year, and continuous effort was made to create interest in nursing affairs at large. The sick members were visited regularly, and assistance was given when necessary. A Beneficial Society was organized, and has proven to be very helpful. At the October meeting Rank for Nurses was discussed and signatures were obtained to the petition. Arrangements were made for a Bazaar to be held December 4, 5 and 6 for the benefit of the Endowment Fund, and committees were appointed. **Reading.**—THE READING HOSPITAL ALUMNAE ASSOCIATION met at the Nurses' Recreation Home, Antietam, a few miles out of the city. It belongs to the Water Board, but its use has been granted to the nurses of Reading. After a supper, the business meeting was held and a Library Committee was appointed to select books pertaining to the profession, for the use of all graduate nurses in the city. A Hallowe'en party followed. **Erie.**—ERIE DISTRICT No. 8 held its quarterly meeting on September 18 at the Public Library. One alumnae association and one individual were elected to membership, making a total of seven alumnae associations and nine individual members. It was decided to send one delegate to the state convention. Resolutions were adopted on the death of Leta Pieper. The following addresses were made: Public Health Nursing, Dr. Katherine Law Wright; Operating Room Surgery, Dr. Ford Eastman; Vocation of the Nurse, Father McBride; Ethics of Nursing, Dr. T. M. M. Flynn; The Ideal Hospital and the Modern

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Training of a Nurse, Dr. David Dennis. A luncheon was given at noon, and a boat ride on Lake Erie at the close of the afternoon session. There were 96 present at the afternoon session.

Tennessee.—MARGARET WALTERS, formerly at the Clearfield Hospital, Clearfield, Pa., is filling the position of technician and office assistant to Dr. Fitts.

Texas.—THE TEXAS STATE BOARD OF NURSE EXAMINERS will hold state examinations December 4 and 5 at the following places: St. Paul's Sanitarium, Dallas; Sanitarium of Paris, Paris; St. Mary's Infirmary, Galveston; Temple Sanitarium, Temple; Providence Sanitarium, El Paso; Santa Rosa Infirmary, San Antonio. For further information, apply to Elizabeth Baylor, secretary, Baylor Hospital, San Antonio, Texas.

Utah.—THE UTAH STATE BOARD OF NURSE EXAMINERS will hold the semi-annual examinations January 2, 3 and 4, 1920, at 406 Capitol Building, Salt Lake City. Applications must be on file with H. Claire Haines, Secretary, 406 Capitol Building, not later than December 27.

Vermont: St. Albans.—THE ST. ALBANS HOSPITAL ALUMNAE ASSOCIATION held its sixth annual meeting at the Hospital on October 14. The Constitution and By-laws of the Association were amended to conform to the recommendations of the American Nurses' Association. The following officers were elected: President, Mary A. Burns; vice-president, Helen L. Little; secretary, Gladys C. Wood; treasurer, Mary A. Nevins; directors, Laura A. Rooney, Francis Maynard and Gladys LaPlant.

Wisconsin.—AN EXAMINATION FOR NURSE REGISTRATION will be held January 13, 14, 1920, in the Assembly Chamber at the Capitol, Madison. Application blanks should be on file two weeks before examination. Myra M. Kimball, Secretary, City Hall, LaCrosse. THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held its tenth annual meeting at the Wisconsin Nurses' Club, Milwaukee, October 7-9. There were 175 nurses in attendance and 25 Sisters, representing both Lutheran and Catholic schools. The programme was as follows: *October 7, Morning*—Welcome, Dr. Gustave Stearns, Chaplain of Third Division. Response, Mrs. H. J. Dernehl, President. Round Tables on Superintendents of Training Schools, Amaila Olson, Eau Claire; Private Duty, M. Pakenham, Milwaukee; Public Health and School, Rural and County Nursing, Myra Kimball, LaCrosse; Industrial Nursing, Jemima Bell, Kaukauna. *Afternoon.* Reports and Business. Address by Mrs. Eleanor Featherstone, Special Lecturer for Child Welfare Association of Illinois. Dinner at the City Club for Service Nurses; speakers: Stella Matthews, Chief Nurse of Base 22; Miss Skinner, of the New Orleans Unit; Mollie Smith, of Serbian Commission; Viola Nohr, of Albanian Commission; Agnes Martin, of Base 14 in Germany; Constance Hayes, Special Red Cross Nurse in France; Miss Baker, of Base 36; Ailma Nelson, of Camp Custer. *October 8, Morning.* Clinic at City Hall, Dr. George Ernst, Tuberculosis in Children. Clinic at Columbia Hospital, Orthopedic, Dr. Geanslen. Meeting of State League for Nursing Education. Lunch at Columbia Hospital. *Afternoon.* Address by Dr. T. L. Harrington, Dispensing Health Knowledge in Wisconsin. Address by Miss Twitchell of the Central Division of the American Red Cross, Problems of the Nurse of To-day. *Evening.* Address by Mary C. Wheeler, Chicago. *October 9, Morning.* Business meeting. Address by Deborah Barris, Medical Social Service Work. Directors' meeting. Lunch at Club. *Afternoon,* Address by Katherine Olmsted, Secretary Western Division National Organization of Public Health Nursing. Trip to Muirdale, Milwaukee County Tuberculosis Sanitarium. The sum of \$25 each was pledged to the Isabel Hampton Robb Memorial Fund and to the Wisconsin Anti-Tuberculosis Association. Officers elected were:

President, Stella Matthews, Milwaukee; vice-presidents, Mrs. A. Wolf of LaCrosse and E. Regan of Madison; secretary, Nelly van Kooy, 556 Van Buren St., Milwaukee; treasurer, M. Pakenham, Milwaukee. Directors, J. Bell, Kaukauna; A. Olson and Lenna Ahlstrom, Eau Claire; Mrs. Phalin, Kenosha; E. Casey, Oshkosh; Mrs. J. T. Lamping, Chicago, Ill.; Miss Osterhout, Mrs. Geo. Ernst, Mrs. M. Bradshaw and Miss Hines, Milwaukee; Gertrude Lohman, Sheboygan; Mrs. M. Moore, Monroe; Julia Sorrenson, Neenah; Myra Kimball, LaCrosse. The Round Tables the first morning of the convention had some very interesting discussions. Those for Public Health were very well attended, showing the growing interest of all nurses for this coming phase of nursing. The discussion showed the need and desirability of a uniform system of records for rural and county nurses. Among the many records that have been devised, none seems to be ideal, and it is hoped that records will soon be standardized so that all county and rural nurses will be able to use the same form. On Tuesday afternoon, Mrs. Eleanor Geatherstone said, being an American meant not what one could get out of America, but what one put into it, to make it a better place for children to live in. She also urged every nurse to expend every effort to get proper food, especially milk, for children. There are 29,000,000 school children, annually, who are repeaters, at a cost to the country of \$38,000,000. Mrs. Featherstone holds that if these 29,000,000 repeaters were given enough milk to drink, and proper diet, a great many of them would be able to make their grades. The speakers on Tuesday evening gave very interesting and varied talks on their experiences in service. No two had been in the same field of activity. The Tuberculosis Clinic, by Dr. George Ernst, on Wednesday morning laid special emphasis on the fact that until we can convince the public that tuberculosis is not a thing to be afraid of, we can never do successful tuberculosis work. Dr. Gaenslen in his orthopedic clinic gave demonstrations on the use of the Bradford frame, the Alby operation, and the after care of Infantile Paralysis, and the various casts and braces used in bone tuberculosis. Dr. T. L. Harrington's talk on Dispensing Health Knowledge dwelt on the necessity of coöperation between the doctor, nurse and teacher and the new Health Instructor, who has sprung up because of the demand for health instruction and inspection in the rural and city school, and the impossibility to get nurses to fill the demand. Dr. Harrington says that the only field of the doctor or the nurse is the field in which they can do their work better than anyone else, and in both cases that field is sufficiently large and comprehensive, so that the members of neither profession need have any fear that the limitations of their calling will grow smaller or will be of less value to the individual and to the community as the years go by. Miss Twitchell suggested that the average nurse is much too extravagant, and while recreation is very necessary, the ideal recreation is out of door recreation, which is much better for the individual and much cheaper than frequent attendance at the theatre. Mary C. Wheeler gave a very interesting talk on the problem of the training schools in securing the most desirable type of women to take up the profession, and afterward serve as instructors and supervisors in the schools. A mental test and the rating of their own characteristics and qualifications by probationers, introduced by Miss Wheeler, was new and instructive to most of us. Katherine Olmstead's account of her work with two tribes of Indians in Wyoming was novel, and rivals in excitement any of the experiences of overseas nurses. Miss Olmstead, with five public health nurses, has established a health station for two tribes. Their efforts were frowned on with disapproval, until the chief, who was invited to see the health station, was attracted by the pink and blue baby blankets in the improvised clothes basket and finally promised to sanction their work, providing they gave a big

feast for the Indians. Out of 380 children examined in the government school, only two were found without running sores. The main diet of children after they are one year old consists of raw dog meat and squaw bread, made from flour, salt and water, and dropped in hot fat. The nearest doctor was 32 miles away. Through the efforts of Miss Olmstead, the government has sent a full time physician to the reservation.

BIRTHS

On August 20, at Truesdale Hospital, Fall River, Mass., twin daughters, Marjorie Christine and Marion Frances, to Mr. and Mrs. William C. Crossley. Mrs. Crossley was Martha E. Smith, class of 1917, Truesdale Hospital.

On September 26, at Jersey City, N. J., a son, Raymond Miller, to Mr. and Mrs. R. S. Hogue. Mrs. Hogue was Jeanette Feadema, class of 1915, Christ Hospital.

On August 30, at Spokane, Wash., a daughter, to Mr. and Mrs. Malcolm Fraser. Mrs. Fraser was Jeannette Veio, graduate of Sacred Heart Hospital.

On August 9, at Newport, R. I., a daughter, to Rev. and Mrs. Abel Ahlquist. Mrs. Ahlquist was Miss Ingaborg Bang, Evanston Hospital, Evanston, Ill.

Recently, at Indianapolis, Ind., a daughter, to Dr. and Mrs. Garton. Mrs. Garton was Nora Davis, class of 1913, Hope Hospital, Fort Wayne, Ind.

On September 5, a son, to Dr. and Mrs. Doseff. Mrs. Doseff was Mamie Hess, class of 1910, Illinois Training School, Chicago.

On August 10, a son, to Mr. and Mrs. Biddinger. Mrs. Biddinger was Juanita Reade, class of 1915, Illinois Training School, Chicago.

On September 22, at Chicago, a son, to Dr. and Mrs. Conrad Rogne.

On September 24, at Chicago, a son, to Mr. and Mrs. Carl Save.

On October 15, at Alpena, Mich., a son, Donald Schroeder, to Mr. and Mrs. Henry Trapp. Mrs. Trapp was Henrietta Schroeder, class of 1915, Hurley Hospital, Flint, Mich.

Recently, a son, to Dr. and Mrs. C. B. Schilldecker. Mrs. Schilldecker was Mae Wightman, graduate of the Western Pennsylvania Hospital, Pittsburgh.

On June 15, at Overland, Mo., a son, to Rev. and Mrs. Herbert Kohn. Mrs. Kohn was Frances Genthe, class of 1916, Lutheran Hospital, St. Louis.

In September, at White City, Kas., a daughter, to Rev. and Mrs. Edwin Dierker. Mrs. Dierker was Florence Jostman, class of 1915, Lutheran Hospital, St. Louis.

MARRIAGES

On September 25, in Bellwood, Pa., Mildred Rice, class of 1918, Altoona Hospital, Altoona, Pa., to Thomas Robison. Mr. and Mrs. Robison will live in Harrisburg.

On October 29, in Altoona, Pa., Elsie Cunningham, graduate of Altoona Hospital, to Samuel Beaver. Mr. and Mrs. Beaver will live in Aitch, Pa.

On November 13, in New York City, Hilda Busby, class of 1915, Williamsburgh Hospital, Brooklyn, to P. J. Ward. Mr. and Mrs. Ward will live in Rangoon, Burma.

Recently, at Marietta, Ga., Olive Nichols, graduate of the State University Hospital, Sioux City, Iowa, to Charles Warburton.

On October 20, Emma May Stocking, graduate of the State University Hospital, Sioux City, Iowa, to B. F. Forberg. Mr. and Mrs. Forberg will live in Sioux City.

Recently, in Vancouver, B. C., Mary Rosseler, class of 1917, Western Pennsylvania Hospital, Pittsburgh, to George E. Schroeder.

On June 13, at St. Louis, Mo., Mattie M. Gray, graduate of the Christian Hospital Training School, to James D. Markland. Mr. and Mrs. Markland will live at Stillwater, Okla.

In July, Louise Feldmeier, class of 1913, Christian Hospital Training School, to Carl F. Luzoder. Mr. and Mrs. Luzoder will live at Nokomis, Ill.

On May 7, at Webster Groves, Mo., Lillian Buser, class of 1917, Lutheran Hospital, St. Louis, to Louis Hecht. Mr. and Mrs. Hecht will live in Overland, Mo.

On March 22, Emma Meyer, class of 1908, Lutheran Hospital, St. Louis, to Charles Woodson. Mr. and Mrs. Woodson will live in Bachelor, Mo.

On July 9, Clara Highley, class of 1908, Lutheran Hospital, St. Louis, to Frank Inman. Mr. and Mrs. Inman will live in Albany, Ala.

On July 3, Catherine Speck, class of 1918, Reading Hospital, Reading, Pa., to Charles Scheirer. Mr. and Mrs. Scheirer will live in Buffalo, N. Y.

Recently, Helen H. Schroeder, class of 1918, Reading Hospital, Reading, Pa., to George Neubling. Mr. and Mrs. Neubling will live in Reading.

Recently, Alberta Henry, class of 1914, Reading Hospital, Reading, Pa., to Adam Robinhold, M.D. Dr. and Mrs. Robinhold will live in Hamburg, Pa.

On October 21, Mary E. Moyer, class of 1916, Reading Hospital, Reading, Pa., to Raymond Geiss. Mr. and Mrs. Geiss will live in Pennside, Pa.

On August 27, at Lethbridge, Alberta, Canada, Mae McKenzie, class of 1918, Galt Hospital, Lethbridge, to J. E. Thomson. Corp. and Mrs. Thomson will live in Lethbridge.

On September 24, at Philadelphia, Harriett Stephenson, graduate of the Samaritan Hospital, to Charles F. Hurst, of Texas.

On April 5, in Elkton, Md., Goldie M. Miles, class of 1918, Maryland General Hospital, Baltimore, to John J. Giesen, M.D. Dr. and Mrs. Giesen will live in Bradford, Va.

On September 30, in Dansville, Va., Elsie Reese Clark, class of 1917, Maryland General Hospital, Baltimore, to W. Arthur Briggs.

Recently, in Washington, D. C., Louise Harvey, class of 1918, Maryland General Hospital, Baltimore, to Charles L. Ball. Mr. and Mrs. Ball will live in Baltimore.

On July 3, Julia M. Goodman, class of 1915, Illinois Training School, Chicago, to John H. McClellan, M.D. Dr. and Mrs. McClellan will live in Evanston, Ill.

On August 14, Alma Lundberg, class of 1918, Illinois Training School, Chicago, to Proctor Waldo, M.D. Dr. and Mrs. Waldo will live in Philadelphia.

On August 12, Jeanette Eleanor Bratager, class of 1918, Illinois Training School, Chicago, to Clark J. Laus, M.D. Dr. and Mrs. Laus will live in Chicago.

On August 20, at Spencer, Iowa, Blanche E. Titus, class of 1910, Illinois Training School, Chicago, to Leland Phelps.

On September 10, at Little Rock, Ark., Alice Ames, class of 1915, Illinois Training School, Chicago, to Arthur Bowen. Captain and Mrs. Bowen will live at Camp Pike, Ark.

On September 27, Margaret Hoskins, class of 1916, Illinois Training School, Chicago, to Harris Andrews. Mr. and Mrs. Andrews will live at Newport News, Va.

On August 23, at Vancouver, Wash., Hazel Winifred Miller, class of 1916, St. Luke's Training School, Chicago, to Frank Lincoln Madden. Mr. and Mrs. Madden will live at Dryad, Wash. Miss Miller was in active army service at home for nine months.

On November 8, at Salem, Mass., Anne E. Budd, class of 1917, Claremont General Hospital, Claremont, N. H., to Everett L. Sheldon. Mr. and Mrs. Sheldon

will live in Swampscott, Mass. Miss Budd has done private nursing in Claremont, N. H., and in Salem, Mass., and for some time was Public Health Nurse in Lebanon, N. H.

On November 18, Blenda M. Lind, graduate of Hackley Hospital, Muskegon, Mich., to Fred N. Norford, M.D. Dr. and Mrs. Norford will live in Muskegon.

Recently, Ethel E. McMillan, class of 1913, Illinois Training School, Chicago, to Gordon L. DeCamp. Captain and Mrs. DeCamp will live in Kankakee, Ill.

Recently, Daisy Burcham, class of 1912, Illinois Training School, Chicago, to Anton Young. Mr. and Mrs. Young will live in Elgin, Ill.

Recently, Freda Larsen, class of 1915, Illinois Training School, Chicago, to Jack Lewis. Mr. and Mrs. Lewis will live in Birmingham, Ala.

Recently, Laura Huckleberry, class of 1913, Illinois Training School, Chicago, to Earl Davis. Mr. and Mrs. Davis will live in Washington, D. C.

On September 15, in Atlanta, Georgia, Pauline Arnold, class of 1916, Evanston Hospital, Evanston, Ill., to Capt. L. Durham.

On September 9, in Sault Ste. Marie, Ontario, Vera Symes, class of 1918, Evanston Hospital, Evanston, Ill., to Howard Smith. Mr. and Mrs. Smith will live in Evanston.

On October 8, 1919, Esther Webb, class of 1917, Wesley Memorial Hospital, Chicago, Ill., to John Grant, M.D. Dr. and Mrs. Grant will live in Arkansas City, Kansas.

On November 6, Garland Lipscomb, class of 1918, Silver Cross Hospital, Joliet, Ill., to John Inthout. Mr. and Mrs. Inthout will live in Oak Glen, Ill.

On October 26, Gladys Henry, class of 1919, Silver Cross Hospital, Joliet, Ill., to Joseph D. Story. Mr. and Mrs. Story will live in Beloit, Wis.

Recently, Agnes Croner, class of 1913, Evanston Hospital, Evanston, Ill., to Harold C. Neal. Mr. and Mrs. Neal will live in Malden, Mass.

On October 2, at Evanston, Ill., Adelaide Thompson, class of 1910, Evanston Hospital, to Blythe Jones. Mr. and Mrs. Jones will live in Milford, Ohio. Miss Thompson served two years as Superintendent of the Evanston Hospital.

On September 3, Elizabeth Nesbit, class of 1899, Presbyterian Hospital, Philadelphia, to William Fletcher Rosborough, M.D. Dr. and Mrs. Rosborough will live in Hawthorne, Florida.

On October 17, Edith A. Anderson, class of 1913, Presbyterian Hospital, Philadelphia, to Edward A. Warner, Jr. Mr. and Mrs. Warner will live in Wilkinsburg, Pa.

On November 1, Clara E. Todd, class of 1916, Park Avenue Hospital, Chicago, to Henry B. Bennett. Mr. and Mrs. Bennett will live in Mounds, Ill.

On September 25, at Asheville, N. C., Alma Pearl Gorse, class of 1917, Amsterdam Hospital, Amsterdam, N. Y., to James Brent Anderson. Lieutenant and Mrs. Anderson will live in Biltmore, N. C.

On October 11, at Rochester N. Y., Lois V. Jennings, class of 1919, Rochester General Hospital, to Fulton White Allen. Mr. and Mrs. Allen will live in Salisbury, Md.

On September 8, at Topeka, Kansas, Mary Beckerelite, class of 1915, Georgia State Hospital, Ga., to J. A. Sutherland. Mr. and Mrs. Sutherland will live in Tracy, Calif.

On October 8, at Souderton, Pa., Leah D. Swartley, graduate of the Samaritan Hospital, Philadelphia, to Benjamin Burnley. Mr. and Mrs. Burnley will live in Philadelphia.

Recently, Teresa B. Jones, class of 1918, Long Island College Hospital,

Brooklyn, N. Y., to D. A. J. Wood. Mr. and Mrs. Wood will live in Milwaukee, Wis.

On June 8, at Philadelphia, Pa., Abigail Bassett, class of 1915, Howard Hospital, to Charles H. Barnes. Mr. and Mrs. Barnes will live in Pencoyd, Pa.

On September 1, at Hopeland, Pa., Mabel Cassel, class of 1916, Howard Hospital, Philadelphia, to Norman B. Nornhold, of Sheelsville, Pa.

On August 23, at Battle Creek, Mich., Mabel V. McNaab, to Orion G. Cooley.

On October 27, at Roanoke, Va., Nannie Scott Johnson, class of 1915, University of Pennsylvania Hospital, Philadelphia, to Gerald Payne. Rev. and Mrs. Payne will live in Vinton, Va.

On October 25, Selma Krukow, class of 1915, Jane Lamb Memorial Hospital, Clinton, Iowa, to Wayne Hagan. Mr. and Mrs. Hagan will live in Des Moines, Iowa.

On November 11, at Chicago, Lucile Agnes West, to Fred M. Rohow, M.D. Miss West was an army nurse, on duty at Camp Meade.

Recently, Pearl Fleming, class of 1916, Good Samaritan Hospital, Portland, Ore., to Charles C. Gray. Mr. and Mrs. Gray will live in Portland.

Recently, Vera Cramer, class of 1917, Western Pennsylvania Hospital, Pittsburgh, to Frederick P. Bender, M.D.

On August 19, at Erie, Pa., Ruth McCullough, class of 1915, Western Pennsylvania Hospital, Pittsburgh, to R. C. Hibbs, M.D.

Recently, at Philadelphia, Sarah Griffith, graduate of the Samaritan Hospital, to George Webb. Mr. and Mrs. Webb will live in Philadelphia.

Recently, at Philadelphia, Myrtle Moreland, graduate of the Samaritan Hospital, to William Griffith. Mr. and Mrs. Griffith will live in Tamaqua, Pa.

On August 4, at Philadelphia, Ida Frances Price, a graduate of the Samaritan Hospital, to Gordon W. Schurch, M.D. Dr. and Mrs. Schurch will live in Philadelphia.

On June 25, in Altoona, Pa., Nellie Hubert, class of 1916, Altoona Hospital, to Charlie O'Brien. Mr. and Mrs. O'Brien will live in Altoona.

On June 25, in Washington, D. C., Alma McGuire, class of 1918, Altoona Hospital, Altoona, Pa., to Jack Droter. Mr. and Mrs. Droter will live in Altoona.

On October 4, in Chicago, Josepha A. Roberts, class of 1912, Bishop Clarkson Memorial Hospital, Omaha, Neb., to Chester Snow Mathis. Miss Roberts was superintendent of the Anderson Hospital, Estherville, Iowa, for the past five years. Mr. and Mrs. Mathis will spend the winter in Los Angeles, Cal.

On October 7, in Seymore, Ind., Alma Emelia Laupus, class of 1913, Schenck Memorial Hospital, to Charles Edward Appel. Mr. and Mrs. Appel will live in Seymore.

On October 29, in Indianapolis, Ind., Edna C. Mourer, class of 1914, Indianapolis City Hospital, to Donald Wilson Cooper. Mrs. Cooper served eighteen months with Base Hospital No. 32 in France. Mr. and Mrs. Cooper will live in Hamilton, Ohio.

Recently, Gertrude George, class of 1918, Protestant Deaconess Hospital, Indianapolis, Ind., to Roscoe Hoover.

Recently, Clara Davies, class of 1918, Protestant Deaconess Hospital, Indianapolis, Ind., to Claude Robinson.

Recently, Georgia Hopkins, class of 1918, Protestant Deaconess Hospital, Indianapolis, Ind., to Harry Meek.

On March 22, at Newport News, Va., Ludmilla Eugenia Teichman, class of 1913, Oak Park Hospital, Oak Park, Ill., to Frank A. Collett. Lieutenant and Mrs. Collett will live in Bowling Green, Ky.

On September 10, Lillian Kinloch, class of 1918, Illinois Training School, Chicago, to George Solem, M.D.

On September 27, at Springfield, Mo., Minnie Andes, graduate of the State University Hospital, Sioux City, Iowa, to D. R. McGiboney.

On October 6, at Red Wing, Minn., Bessie P. Millard, graduate of the State University Hospital, Sioux City, Iowa, to Frank Breene, M.D.

DEATHS

On October 24, at Cincinnati, Ohio, Lorene Adelaide Sebert, class of 1919, School of Nursing and Health, of the University of Cincinnati, following a nine weeks' illness. Her classmates and all who knew her feel their loss deeply.

On October 26, at Cincinnati, Ohio, Laura Jean Wilson, class of 1912, School of Nursing and Health of the University of Cincinnati. Miss Wilson was killed in an automobile accident. She was in active service at Ft. Oglethorpe, Ga., from March to December, 1918.

On July 30, Leta Pieper, graduate of St. Vincent's Hospital, Erie, Pa.

On November 3, at Deep River, Iowa, of tuberculosis, Anna Wilhite, graduate of the State University Hospital, Sioux City.

On October 21, at Buffalo, N. Y., of nephritis, Delphine E. Jack, class of 1889, Orange Memorial Hospital, Orange, N. J.

On September 9, Winnifred Reeves, class of 1909, Long Island College Hospital, Brooklyn, N. Y.

On November 10, at Samaritan Hospital, Philadelphia, Elizabeth McIlmoyle, class of 1918, Samaritan Hospital. Miss McIlmoyle entered the army upon graduating, and was stationed at Camp Merritt, N. J., being honorably discharged, August, 1919. She was very popular among her associates, a devoted and conscientious nurse, and an active member of her Alumnae Association.

On September 25, at the Mission Hospital, Chentung, China, following an operation, Beatrice Murdock, graduate of Grace Hospital, Detroit, Mich. Miss Murdock was superintendent of nurses at the Protestant Deaconness Hospital, Indianapolis, Ind., prior to going to China three years ago.

On August 28, 1919, at Paterson, N. J., Mrs. Mary O'Neill, graduate of The Paterson General Hospital. Mrs. O'Neill was a charter member of the New Jersey State Nurses' Association, and had many times served on the official board. She was also the Local Chairman of the Red Cross Nursing Service in her district.

On February 10, at the University of Iowa Hospital, Iowa City, Carrie E. Knieriem. Miss Knieriem was taken ill while on duty, was operated upon, and died after weeks of illness, from carcinoma. She was an admirable type of woman, quiet and womanly and faithful to the last. During the influenza epidemic she volunteered to take charge of the maternity ward and of the nursery, and showed the utmost devotion in caring for these patients.

On August 15, at Ridley Park, Pa., Elizabeth A. Keeley, class of 1913, Chester Hospital Training School. After graduation Miss Keeley held the position of night supervisor at the Chester Hospital for several years. Her work was marked by the greatest devotion. Her gentle manner and sympathy won her a great circle of friends. When the United States entered the war, Miss Keeley volunteered to nurse at the Sunship Building Co. She was anxious to enter active service, but because she had three brothers in service, she felt that her duty was to her widowed mother.

BOOK REVIEWS

IN CHARGE OF

GRACE H. CAMERON, R.N.

THE SOUL IN SUFFERING. A practical application of spiritual truths. By Robert S. Carroll, M.D. The Macmillan Company, New York. Price, \$2.00.

That suffering is universal, all must admit;—suffering of body, mind and spirit. Most of us are prepared to care for one or the other, but few recognize the subtle, intimate relation of all three. The author, feeling this dependence of body on mind, and of both on spirit, presents a helpful, beautiful philosophy of life, that the suffering body may have relief in many instances because of an understanding of, and sympathy with, the distressed mind and the misery of the soul. He "stands for medical ideals reaching out to Christian ideals." It is an inspiring book to those who minister, be they doctors, nurses or others, and is well deserving a place on the personal book shelf.

AMERICAN MARRIAGE LAWS IN THEIR SOCIAL ASPECTS. A Digest by Fred S. Hall and Elizabeth Brooke. The Russell Sage Foundation, New York City. Price, \$1.00.

Perhaps the best statement of the scope of this book can be had from excerpts from remarks of Mary E. Richmond, editor of the Social Work Series. "The plan of study to which the present Digest is merely preliminary, grew out of social case work in one of the large family agencies of New York, and this brief study illustrates, in a fashion, the relation between the social worker's attempt to find a way out for a few people in greivous trouble and human issues of wider significance." Miss Richmond is one of the members of a committee of a society for family social work to which are referred problems of individual welfare. She says "in about three-fifths of all the cases so referred, the committee found that the core of the difficulty centered around marital maladjustments. We had already noted the alarming increase in the number of divorces, but we had never fully realized the close relation between divorce and our ill-devised, variously-administered marriage laws." "Miss Brooke and Mr. Hall have compiled the present summary of our marriage laws and of certain proposals made by others for their reform as preliminary to an inquiry into the way in which the laws on our statute books are actually administered. This first part of the larger study is put out promptly, however, because it will be of immediate service to the many who are now at last becoming interested in marriage law reform."

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